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Message from the President

WITH THIS FIRST ISSUE of *Social Work*, the new National Association of Social Workers is launching an important part of its publications program. That program, which in its entirety will embrace a general membership newsletter, materials prepared by the several sections of the organization, commission and committee reports, research monographs, and so forth, as well as this journal, will be conducted as a central activity of the Association.

One need not argue the vital need of a profession for channels of communication, for avenues of self-expression. *Social Work* has been conceived as providing such facilities for professional growth. By virtue of its being the major periodical of the single membership organization in social work, the journal sees the need—as this issue evidences—to provide its social work readers with serious, provocative, creative, and scholarly articles dealing with various facets of the profession.

But in its outreach it goes beyond the profession itself. *Social Work* realizes that its readers will also include board members of social agencies, teachers, journalists and publicists, public administrators, social scientists, and workers in closely related fields such as those of medicine and public health, education, law, and so forth. *Social Work* will feel a responsibility to interest and inform these groups as well as to contribute to the growth of the social work profession and to the development of sound social services in communities and the nation.

A word about the way the journal is edited and produced. Over-all responsibility is vested in a Committee on Publications representative of the various fields of practice. The contents of each issue are

selected by a similarly representative Editorial Board whose Chairman serves as Editor-in-Chief of the periodical. Staff responsibility is vested in the Publications Secretary of the Association.

We are pleased to announce the acceptance by Miss Gordon Hamilton, Professor of Social Work, New York School of Social Work, Columbia University, of the post of Editor-in-Chief of the journal. An earlier commitment to participate in the celebration of the tenth anniversary of the University of British Columbia School of Social Work, where she received an honorary LL.D. degree, prevented Miss Hamilton from assuming her duties in time to give leadership to the preparation of this issue, and the Editorial Board was therefore not convened for that purpose. We are grateful to the Committee on Publications, and to its Chairman, Dr. Paul Schreiber, Dean of the Adelphi College School of Social Work, for agreeing to serve as an interim Editorial Board. In that capacity the Committee selected the contents of this issue. It also planned the format and design of the journal and established policies and procedures for its production and distribution.

Likewise, with the position of Publications Secretary unfilled when the planning of the journal began, the Association called upon Russell H. Kurtz, Consultant on Publications and Editor of the projected *Social Work Year Book 1957*, to give service as managing editor of this first issue.

This journal represents more than just another publication. It is a tangible evidence of an enriched service, content, and spirit growing out of a unified social work organization.

NATHAN E. COHEN, President
National Association of Social Workers

BY MAX LERNER

The Meaning of Group Experience in the Current Scene

I SHALL DISCUSS NOT SO MUCH THE CURRENT SCENE AS A WHOLE, AS ONE PHASE OF IT: THE PROBLEM OF IDENTITY AND THE FACELESS MAN. A somewhat euphoric piece in a recent issue of *Time* paints a rosy picture of the American future and the way in which the dynamics of American life will solve every problem. It speculates on the vogue of the Davy Crockett legend, saying that its current vogue shows our current ideal to be the man who "can lick any problem with his wits and his two hands." Explanations are very easy—they can be had for the thinking up. How about this one: The vogue of a particular legend points to some psychic vitamin deficiency that the legend somehow tries to supply. Our contemporary kids eat up the story of the King of the Wild Frontier because in their daydreams they ride and tame the wild frontier that does not exist in reality in their everyday lives. Davy Crockett lived an individualist, and he died in hand-to-hand fighting at the

Battle of the Alamo. Our kids today hunger to be individuals, but the only means they find is by joining this monster rally that crowds before the TV camera and stands in line at the movie houses to see the Davy Crockett shows, and by buying Davy Crockett hats and pajamas and bath towels dreamed up by the synthetic ingenuity of a lusty new infant industry. Living in a world that threatens to hurtle into unimaginable space, they have become a little tired of space cadets. They want a compassable hero with whom they can identify themselves, one who dies in hand-to-hand battle and not by impersonal forces in a radioactive waste.

The great casualty of our time is the individual and his inner style and personality. To be sure, there is a good deal of current emphasis on the individual in our social thinking, especially in the movement for the "new conservatism," in the appeal to natural law, and the warnings we are getting against the big media and the culture of massism. There is a movement back to religion, or perhaps only to religiosity. There is a heightened cult of the child, or at least many things are said in the name of concern about the child. There is a recoil from what used to be called the

MAX LERNER is columnist on the *New York Post* and Professor of American Civilization and Dean of the Graduate School, Brandeis University. His paper was one of the Lindeman Lectures delivered at the 82nd Annual Forum of the National Conference of Social Work in May 1955.

"social-consciousness generation," a recoil from our earlier worries about society and social problems. The swing today is toward private emotions and private concerns. Yet this obsession with privacy is somewhat ironic when all about us there are objective facts of the invasion of privacy, in the era of big media and of the cancerous growth of Congressional investigating powers.

Let us be clear about one thing: the technology of an era sets the frame, both of its dangers and its opportunities. Technologically our era is one of atomic power, electronics, and automation. From another point of view, it is the era of fission, fusion, and the feedback. As such, would it not be curious if the individual and his creativity were not caught up compulsively by these new forces and compelled to come to terms with them?

May I give one example of what I think is happening? When the Russians unleashed some more powerful jets and more of them than our military experts had counted on, there was an outcry from the spokesman of the American Air Force, warning us that the Russians are outstripping us. We will now set out to outstrip the Russians again. And then the Russians in turn will outstrip us. And at this very time when the cold war shows some signs of melting, the arms race will continue with the same madness. It is no secret that we have developed the most ingenious modes of defense and interception against enemy atomic bombers. Our military people tell us that it will soon be next to impossible for enemy bombers carrying atomic weapons to break through our defense net. At the same time, we are developing intercontinental guided missiles which will break through the enemy's similar defense net, and no doubt we are also working at perfecting a still more ingenious defense net that will be immune against intercontinental guided missiles.

I say to you, behold Man in all his god-like glory, swinging full circle like a huge beast chasing himself and finally catching

his tail in his mouth, revolving around and around and around. Behold Man contriving the utmost means of destruction, and then defense against those means. Behold Man building electronic machines that will perform the tasks men feed into them, thereby eliminating Man from every working capacity except that of making, feeding, and servicing the machines that eliminate him. Behold Man applying this ultimate principle of automation to ultimate weapons of nuclear fusion and to the ultimate defense against these weapons, until finally he glimpses the radioactive waste against which there is no defense and from which there can be no redress and no escape, because mankind cannot evacuate the planet.

Let me cite another symbol of our time—what happened to Robert Oppenheimer. He labored mightily for us in this area of atomic power, and by every standard he was a hero of our times. Without his efforts it would have been impossible to hold together the scientific working force at Los Alamos. We should have hung garlands around him; instead of that, we gave him hemlock to drink. Some of you may recall, in the TV interview between Edward R. Murrow and Oppenheimer, the mask of agony on the face of the scientist. It had been given to him as a leading atomic scientist to peer behind the curtain that veils the future, and to glimpse what lies beyond. When Oppenheimer was asked whether after the next war any of humanity would be left, he said, "Yes, some would be left. But," he added, "it would take an effort of the human imagination to recognize what was left as being human."

Most of what is presented to us as the future is in optimistic statistics about population, education, social mobility, and all the rest. But the future is also fission and fusion and feedback, atomic power and automation. These are the perspectives within which we who work with the human material of America must contrive to nurse the spark of individuality. The danger is

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that in an atomic era all the pressures are toward atomizing the individual, that in an age of automation the new habits of thought and action may become those of automatism.

I remember when we used to have a lot of quarrels about individualism versus collectivism. Those quarrels have lost a good deal of their meaning at a time when every social system is caught in the same trap. For us, as for the Russians, the Germans, the Chinese, the Indians, the central problem has become the loss of identity and the discovery of identity.

A CULTURAL ENVELOPE

I may perhaps restate this by saying that in every type of society there is a cultural envelope within which the young person grows up and through which by a kind of osmosis the culture manages to communicate its concerns; or, to put it differently, there is always some leading question which directly or indirectly the culture asks of its young people or hammers into their consciousness during their growing years. In totalitarian countries the question is, "Who whom?"—who does what to whom, who is more powerful than whom, who can dictate to whom, who can kill whom? It is a question of power. Even when, as in the case of Russia and China, it is put in the form of the dialectic of history, it is still a question of power, and the new generation grows up conditioned to think in power terms.

How about our society? In our acquisitive and marketing society the question has been not "Who whom?" but "Who gets what?"—how much can I get? The life goals our young people learn are those of wealth and acquisitiveness, and their notions of success and prestige, power and security, run in terms of wealth and acquisitiveness. In such a framework, as Eric Fromm has pointed out, the whole personality tends to become a marketable or a vendable personality. Given the current anxieties that arise in an era when the very foundations of earth seem to be shaken, it

is natural for our young people to seek security as no American generation has ever sought it before—not just economic, but psychological security. There is much talk about our delinquent youth, and the roots of their malaise form a problem that I do not intend to brush aside. But what I am concerned about is not so much their delinquency as their desperate quest for security. I am less worried about what Robert Lindner calls the "mutiny of youth" than I am about their loss of identity and their drive toward conformity. I suggest, in fact, that the drive toward conformity and the angry mutiny of youth may be phases of the same phenomenon, which I call the loss of identity. Professors Ardorno, Frenkel-Brunswick, and their colleagues have shown us that what they call the "authoritarian personality" is found most frequently in the groups that are overtrained to the requirements of status and prestige as well as the groups that bear deep resentments against society and carry a rebel chip on their shoulders. Similarly, who has not met with the instance of the young man who goes berserk, who turns into a rapist babysitter or a sadistic bludgeoner of his girl, to the surprise of the neighbors who recall him only as a model boy who went to Sunday School and mowed lawns? Which of us but has found that the subculture of the gangs has an appeal to the boys of the slum neighborhood exactly because it gives them qualities of warmth and cohesion and a sense of belonging that they do not get from the world outside?

It is customary to speak of the current forms of social disintegration as departures from the cultural norm. The inference is that if the young people really understood our cultural values and lived up to them we would have far less delinquency and far less crime and dope addiction and the "nonvirgin clubs" in the high schools, and the rest. But a closer study of each of these areas would show that in each case the experience of the members of these groups expresses an overvaluing rather than an

undervaluing of our cultural norms. Paradoxical as that may seem, the delinquent wants to be a conformist, which is why he expresses his rebellion against the values of society. The fellow who is a dope-pusher is trying to get rich quick. A young criminal who steals cars has so much respect for property that he wants to become a man of property himself; and the racketeer is simply applying the principles of business organization and administration to those interstitial areas which have not yet been organized by business. What has happened is not that the young people reject our cultural values but that they adopt them without any of those inhibitions with which society has tried to indoctrinate them. They pay our values the compliment of taking them with a cold and naked seriousness, and they do this (I suggest) because the question to which they have become accustomed—"Who gets what?"—is the primary question in their minds, and because they have not learned their identity.

One other comment on this. It is not fashionable now to talk of class conditioning and class experience. Yet much of the human material that comes to grief in our culture comes out of the working class, out of youngsters brought up in working-class families and working-class neighborhoods but surrounded everywhere by middle-class values. That is to say, their subculture is a working-class subculture, but the larger culture is a middle-class culture. Their whole sensate world of striving and their glory dreams are middle-class strivings and middle-class dreams; yet they find themselves shut out of the world they long for, much as Adam and Eve were shut out of Eden after the Fall by a flaming sword.

OPPORTUNITY AND INSECURITY

We preen ourselves a good deal these days on our opportunity system, our social mobility, our open-class system, and largely we are right. The curious fact about our American society is that we have both an

"opportunity line" for young people and the insecurity that I speak of. It may be due to the very thing that we pride ourselves on—this rapid accession of social experience, which is more rapid for larger segments of the population in America than ever before in our history. So rapid, in fact, that the personality perhaps cannot absorb it and cannot consolidate it. Karl Polanyi, writing about English economic and social history at the turn of the nineteenth century, spoke of the "Great Transformation" that took place in England when the market mechanism became the principle for organizing not only the economy but also the society. A similar transformation took place in American life sometime after the Civil War, and it has been accelerated since; the market economy became accepted as the principal regulator, not only of the economic but also of the social and moral order. As Mr. Featherstone put it, in one of Thomas Love Peacock's novels, "Every man for himself, Sir, and God for us all."

The religion of freedom and the philosophy of equality were transformed into a sort of automatic creed. One could draw a quite terrifying picture of the dominant role of acquisitiveness in achieving outer ties without any inner ties in our society. There is no equality, for example, in the surroundings of birth; there is a hierarchy of solicitude for mother and child depending on income. In school, as every one knows, there is a similar gradation in the way children are dressed and the homes they come from which shapes the child's attitude toward other children. The child learns quickly the gulf between those who have everything assured and those who have to struggle for everything. In the years of growth the conditions that make for an expanding personality must all be paid for—leisure from work in the early years, adequate medical care, a chance for recreation and travel, access to sun and sea, music and art and books. In adult life these principles continue to operate. In his job life the worker comes to feel that the corpora-

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tion yields him no quarter, and in turn he gives his work grudgingly; it is not even work, it is a job, and he does it without joy. Those who care about honor and love, about fighting for causes that yield no return, about spending themselves for people with whom they have only the bonds of common humanity—such people are called “starry-eyed idealists,” “Utopians,” “db-gooders,” and the very name that is applied to them shows the contempt that is felt for them. In old age those who can no longer pay their way are forgotten, and even in death they are hurried away silently into an obscure grave.

Obviously, I have overdrawn this picture. One can say many things to counterbalance it. But I have overdrawn it in order to show something of what Nietzsche once called “the pathos of distance” that operates in a society where we are now using the words “interpersonal relations” because we have obscured the cement of society that ought to tie individuals and groups together.

It is fashionable to blame many of these ills of ours upon our mass media; I do not hold with this entirely. I do not hold with the fallacy which argues that because some of the consequences of the media are vicious the whole complex is vicious; just as I do not hold with the mystique of some of the new highbrows who argue that there must be a special virtue of the folk mind resident in the mass media. The media are a new form of technology, that is all, and this technology carries with it far-reaching cultural consequences; but no culture is likely to be corrupted or overthrown by the mass media unless it is ready for corruption and ripe for overthrow. The media are, in the image that I have used before, the envelope surrounding the growing personality that mediates the values of the culture, and the selective sheath through which the cultural norms reach the individual. There are many things wrong with our mass media. A structure of power within them is carried over from the rest of the society; it deter-

mines who selects what the people will see and hear and what is selected. The masters of the media do not perform their functions as educators. The media are largely at the service of advertising, and their cultural and artistic values are extra values. All of this is true; but when you have said it, it still remains true that there is a lazy tendency on our part to blame the psychic ills of our culture on these media.

This is what we may call the fallacy of the instrument, the belief that whatever happens is due to malign or malignant forces within an instrument, within the press or within TV, or radio, or the movies; and that man himself is somehow a neutral blackboard on which all these things are written. I suggest that this premise underlies some of the work that is now being done by Senator Kefauver and his committee, with much devotion and dedication to the welfare of our children. What arouses my concern about these investigations is not so much that they move toward censorship, but that they add to this idea that the neutral personality is played upon by forces of all kinds. It is not committed within itself to anything, but is affected only by the instrument. In the field of science and technology we demand of all our technicians now that they be civically neutral. Where they fail to be neutral enough we prod their neutrality by security trials which serve as a warning that scientists are the guardians of our security, and like the guardians of the Sultan's harem they must become saintly eunuchs, at least politically.

FINDING ONE'S IDENTITY

I have spoken of the two questions that are asked, the one in totalitarian society and the other in ours. The third question that we are beginning to put to ourselves is really the old and timeless Socratic question—“Who am I?” Eric Ericson, in his book *Childhood and Society*, has a section on the “Quest for an American Identity.” There is a clever novel that came out in

London recently, by Nigel Dennis, called *Cards of Identity*, which describes a club of men who change the identities of their urchins by reconditioning them completely. In a sense this process has been taking place among us, too, where our young people have grown up with only the outer envelope of their identity—the envelope of the culture and its "built-in" life goals. A long time ago America was discovered and explored, and many efforts have been made since to rediscover it; but I think our task now should be not so much the rediscovery of America as the discovery and exploration of the self.

It is a difficult thing to find one's identity in an age like ours when every force tends to obliterate it. The trouble is that in our anxieties about the enemy without and the enemy within, the search for identity has taken the curious form of the whittling away of one's privacy rather than its reinforcement. Thus we have witnessed the re-emergence of an interesting personality type, the informer-confessor. In the earlier days of evangelistic religion the confessor came forward and bore witness to having been saved from the flames of hell. In latter-day America he bares his political past with a virtuous sense of having achieved salvation after sin. He exposes others who worked with him in the past, either to save the nation or his own skin or to compel them to save their souls. The obverse side of the confessor-informer is the *voyeur*, who craves a glimpse into the private lives of others, especially the noted and notorious. It helps account for the growth of the gossip columnists in America, several of whom have built their following on a structure of power unparalleled in other societies. By catching the great with their guards down the ordinary man is reassured that they are in the same human condition that he is.

In this age of anxiety there has emerged the fearer-pursuer. He is convinced that he is encircled by enemies. At the same time, he is a hunter for dangerous thoughts.

He combines these two seemingly contradictory traits because each serves to reinforce the other. The paranoids who feel themselves surrounded by conspirators become the hounds of God in hunting them down. Those who spend their lives in a sustained quest for subversives are in turn themselves caught, like the Emperor Jones, in the jungle of their own fears.

No, the search for identity is not something to be carried on as the by-product of the quest for political security. To do so is to destroy much of the atmosphere of an open society within which alone the individual can discover who he is. Thus civil liberties are largely an identity problem. We are thinking a good deal less about civil liberties now than a year ago, largely because what we used to call "McCarthyism" has ceased to be an *ism* and has become a *wasm*. However, the big fact about McCarthy was not the man or even his ideas, but the audience that was receptive to both. If this is true, then a similar crisis may arise again under different circumstances, with a different pattern, under a different man, but with the same audience. When it arises it will be because millions of our fellow Americans have lost their sense of their own identity and are eager to find one by identifying with a man like themselves, a weak man who has overcome his weaknesses by becoming, in the unforgettable phrase of George L. Orwell, a boot stamping on a human face forever.

There is another sense in which civil liberties may be seen as an identity problem. The identity of the victim is crushed by the device of hiding the identity of the accuser. This is of course the big question in the Peters case which is before the Supreme Court now—the case of the Yale professor of public health who was dubbed a security risk on the testimony of someone whose identity was never revealed to him. Thurman Arnold, who has been ably fighting this case, has said that there are two important criteria for the rights of the defendant in America: one, that he should be

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accused for something he has done, not something he has thought; second, that he should be able to face his accusers. Attorney General Brownell has argued that if we allow him to face his accusers we shall not be able to give the requisite security to these informer-confessors in the Department of Justice. But it is interesting to see this whole phenomenon as an effort to create faceless men through the medium of faceless men. The boot crushing a human face belongs to a man whose identity is lost in the shadows.

May I cite one final personal episode? Some scientists at Fort Monmouth were suspended from their jobs. Two of them were suspended for something that involved me. One of them had been to a lecture that I had given at Red Bank, New Jersey, some ten years back. He was suspended largely because he had approved of that lecture and of my writings. His brother, in turn, was suspended because he was the brother of the man who had been to my lecture, etc. I finally appeared before the Army Review Board, and told them a little about myself, and these two young men were reinstated. The sequel is interesting. A few months ago I went back to a community near Red Bank and I gave another talk. At the end of it a young man came up to me and shook my hand. He turned out to be the young man who was originally suspended because he had been at my talk ten years before. I felt heartened as I have not felt for a long time, because this young man had not allowed his identity to be crushed. He had not allowed himself to be crossed out, nullified. He was what he was.

NOT IN A VACUUM

I do not want to give the impression that this quest for identity can be carried on in a vacuum by the individual as a kind of exercise in stoicism. It can't. There are two things about it with which I want to close:

One, it must take the form of a search for

relationship of the individual to various members of small groups and of the community—to his family, to his school, to his peer groups, to the models he takes as his cultural heroes. It is only by helping the delinquent boy find his true relations that we can start him on his quest for identity. I remember an English movie in which there was a theme song, "I know where I'm going and I know who's going with me." I know who's going with me. That has to do with relationship of the individual to a whole series of groups, without which there can be no discovery of identity.

There is a second comment I want to make about this process. I think we do too much in the way of looking to see whether Americans are "tolerant." There is an excellent book by Samuel A. Stouffer called *Communism, Conformity, and Civil Liberties*,¹ in which the author interprets the results of some questionnaire work that had been done throughout the country about attitudes on civil liberties. It shows a quite frightening absence of real involvement in public affairs. Only one per cent of the people that were interviewed cared either about civil liberties or about the threat to civil liberties, or about the Russians. Stouffer feels encouraged, however, because among group leaders and younger people a much more substantial percentage of Americans were tolerant of the views of others. But this does not take us far. If we take the figures for toleration, and take the figures about the sheath of indifference that surrounds so many Americans, we can see that many Americans may have a feeling of toleration for others within the sheath of indifference. I might, for example, be very tolerant of the rights of my Negro fellow Americans to be first-class citizens, but that toleration might be enclosed within a sheath of indifference. When I find a mob of faceless young people pursuing some Negro students down the streets of the city, as was true some months back, I might sit

¹ New York: Doubleday & Co., Inc., 1955.

back and say, "Isn't it too bad?" or simply shrug my shoulders.

In other words, you do not get any kind of genuine feeling for others unless you have along with a toleration for their views a sense of commitment to fight for their right to be what they have to be. It is this sense of commitment that I find missing in the figures on American attitudes. I do not think we are going to be able to recapture this sense of commitment very easily. It may take a longer time than the cold war and the struggle for world power, but it is a job that we must undertake.

I think we can undertake it only if we have the sense of the country as an open society. I spent seven weeks in Asia this winter, and one of the things I carried back with me was the sense of resentment that the Asians have toward the West and toward America. One of the deepest sources of this resentment is that we have oversold them on the idea that we are a successful and completed country, that we have finished our job, that all is wonderful in our country, that living standards are high, that population movements are wonderful, that education is wonderful, and all the rest. We

have also given them the sense that we are a completed country, especially by closing the gates of immigration in the past twenty years to new people coming in. The great immigrant experience of reenacting the life of the pioneer has dwindled more and more. What these people in Asia want of us is a sense of a resurgent revolutionary force, because that is what they want in their own country and in themselves. The true dynamism of America is not that of a closed society in a finished country, but of an open society in an unfinished country.

It is within this open society and unfinished country, continually in process and continually in quest of its identity as a culture, that individuals can find themselves. Walt Whitman once wrote to Emerson on the flyleaf of his book *Leaves of Grass*: "Master, I am a man who has perfect faith; master, we have not come through centuries, caste, heroisms, freedoms, to halt in this land today." I would like to see young Americans given a chance to develop their personalities and find their identity, but they can do it only if we have an America in which we are determined and committed not to halt today.

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BY JOSEPH W. EATON

Whence and Whither Social Work?

A Sociological Analysis

THIS WRITER IS not alone in hemming and hawing a bit when asked the apparently simple question: "What is social work?" To members of the profession this is no simple question. "Both social work and social workers should be looked upon as evolving concepts that are yet too fluid for precise definition," is the conclusion of the "Hollis Report."¹ It reflects the fact that the profession at present can be likened to a rambling historic building, redecorated sporadically by many sub-tenants, with a new management bent on modernizing it to serve a more integrated purpose as fast as it can get around to do the job.

SOCIAL WORK AS AN EMERGING JURISDICTION

Social workers are found to be engaged in such diverse activities as budgeting for relief applicants, a study of a couple desiring to adopt a child, supportive psychotherapy, initiation of court action against parents neglecting their children, community organization to pressure the city council into

JOSEPH W. EATON is Visiting Professor of Sociology, Western Reserve University. His paper is a by-product of a study of the Social Science Aspects of Social Work Education, to be completed in 1956, which is being financed by a grant from the Russell Sage Foundation and conducted at the School of Applied Social Sciences at Western Reserve University. The views expressed here are those of the writer, who expresses his indebtedness to the faculty of the School of Applied Social Sciences for their guidance of his reconnaissance into social work.

action to improve a neighborhood, informal education through relationships and play with a group of chronically ill children in a hospital, or helping adolescents to feel socially at ease in the teen-age canteen of a neighborhood settlement house.

Similar functions are also performed by persons in other professions, many of whom enjoy public recognition as being "expert." Clinical psychologists, medical psychotherapists, pastoral counselors, lawyers, marriage counselors, and vocational counselors can and do handle many of the problems which fall within the field of interest of social caseworkers. Adult education teachers, occupational therapists, playground supervisors, and volunteer Girl Scout leaders do many of the jobs group workers do. Public relations counselors, lawyers, politicians, labor leaders, and ministers are sometimes indistinguishable in what they do from community organization workers. Social workers cannot be identified simply by what they do, their knowledge, and their skills. In a report prepared for the Bureau of Labor Statistics, social workers were found to be doing almost everything that aimed at helping people with social, economic, psychological, and educational problems. They were engaged in 145 different vocational functions,² but had no exclusive jurisdiction over any of them.

Any effort to define "social work" is there-

¹ Ernest V. Hollis and Alice L. Taylor, *Social Work Education in the United States* (New York: Columbia University Press, 1951), p. 54.

² *Ibid.*, pp. 60-63.

fore likely to be controversial. The pitfalls of such an effort have been well described by Morris L. Cogan, who recently analyzed the pertinent literature about professions in general. He observed that "when definitions are proposed they are rarely subjected to rational considerations. Reactions tend to be polarized toward an enthusiastic and uncritical acceptance or toward a rancorous and defensive rejection."³ This trend is related to the existence of three levels of defining a profession:

The historical and traditional approach. Contemporary social workers generally reject it as being outdated because historically it used to be focused on charity for the indigent poor.

The idealistic approach. It is a very common approach to social work self-study. It is designed to redirect public policy to accept the profession as it would like to develop, as, for example, a helping service to the entire population, irrespective of income.

The operational approach, which characterizes the purpose of this article. It is focused on present reality irrespective of how we think or feel about it. It does not conflict with the idealistic approach; rather, it is its logical prerequisite. A knowledge of what social work is is essential for planning where it should go.

Social work today can be viewed as an organized movement to establish a professional jurisdiction and point of view which will lead to a replacement of historical, traditional, and operational criteria by new standards and practices more in accord with present professional ideals. In certain settings, such as child welfare agencies, adoption agencies, family service agencies, neighborhood settlement houses, and medical social work departments, persons identified with social work occupy most of the profes-

sional positions.) But social work, unlike such other helping services as teaching and nursing, has only begun to gain a measure of general public support for its demand for legally sanctioned professional standards.

A vocational counselor, with a Bachelor's degree in education and a Ph.D. in sociology, who wrote his thesis on the ecological distribution of Slovenian immigrants in North Dakota, who teaches junior college courses on marriage at the university, and who does part-time marriage counseling, practices with public sanction equal to that of a graduate social worker who meets the educational standards of his profession. An ex-officer, with a Bachelor's degree in physical education and experience in drilling men, lays claim to being effective in the field of informal education and character building. Sometimes he is employed to work with boys in preference to a trained social group worker with a Master's degree in social work. The services of a trained worker are not necessarily regarded by the general public as being superior to the volunteer work of a Boy Scout leader. In the field of treatment of alcoholics, a lay group, Alcoholics Anonymous, enjoys widespread public support, whereas the role of professional treatment agencies is probably less well known. In the social service departments of the Veteran's Administration and the Armed Forces, and in more and more of the privately financed social service agencies, the process of professionalization of social work is rapidly gaining support. But for the field as a whole, the designation of social worker is not determined by what people do but under whose auspices they do it. It is also very dependent on where they have studied or would like to go to get further training. The title of social worker is applied to people who meet one or more of the following operational criteria: (a) a person who has graduated from a school of social work; (b) a white collar employee of a social work agency; (c) a person who occupies a job which adminis-

³ Morris L. Cogan, "The Problem of Defining a Profession," *The Annals of the American Academy of Political and Social Sciences*, Vol. 297 (January 1955), pp. 105-11.

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tratively is classified as requiring a social worker.

The vagueness of these criteria is deplored by social work leaders. For several decades they have supported organizational efforts to establish more and more precise occupational standards. The schools of social work have worked together since 1918 to coordinate course offerings and to set up accreditation standards. A doctoral level program is now being offered at twelve schools, with joint curriculum planning by a national committee of leading educators. Previously, most of the social workers who sought doctoral level training specialized in one of the behavioral science fields, particularly sociology and economics. A new professional jurisdiction is consciously establishing itself. The ultimate aim of these developments is to restrict the designation of social worker to persons sharing a common route of training.

SOCIAL WORK AS A ROUTE OF TRAINING

When Abraham Flexner addressed the National Conference of Social Work in 1915, it turned out to be more than the usual speech of a celebrity meeting with a group outside of his specialty. It was a milestone in the development of the profession. The distinguished reformer of medical education challenged his listeners by questioning their professional status. He viewed social workers as brokers of services, without special skills of their own. He saw their main function to be that of helping people to get in touch with persons with professional skill.⁴

This description of social work function was close enough to reality at that time to be taken seriously, but social work leaders set out to bring about a change. Mary Richmond proceeded to write *Social Diagnosis*, the first systematic formulation of

the social casework approach.⁵ Many agencies stepped up their demands that their workers get training. General support for these aims was slow to come. Even some of the well-informed lay supporters of charitable organizations resisted the contention of social work leaders that something more than common sense and compassion was required to help people effectively. In 1951, Ernest V. Hollis and Alice L. Taylor, after an exhaustive study of social work, sponsored by the National Council on Social Work Education, still concluded that "only the hard core of social work in the United States can be said to have attained a satisfactory professional status."⁶ On the other hand, even when Flexner challenged social work's claim to professional status forty years ago, the field already ranked fairly high on four of his six general criteria to distinguish professional from amateur or non-professional occupations:

The activity is essentially intellectual rather than manual. It involves decision making rather than routine.

Professional knowledge is applied to practical objects. Knowledge is measured by its utility.

The profession is a brotherhood. It provides social support to its members in meeting the problems of their work.

A profession has social responsibility and a system of ethics. It must exist for service, and not merely for profit.

The remaining two of Flexner's criteria involving technical knowledge and training were not well developed in 1915. They were:

A profession has more knowledge than is readily accessible to the general public.

A profession has techniques of practice that can be learned and transmitted. The techniques can be used to measure professional skill.

⁴ Abraham Flexner, "Is Social Work a Profession?" *Proceedings of National Conference of Social Work, 1915*, pp. 576-90.

⁵ Mary E. Richmond, *Social Diagnosis* (New York: Russell Sage Foundation, 1917).

⁶ Hollis and Taylor, *op. cit.*, p. 110.

The few schools of social work existing in 1915 had no graduate school standing. They offered a one-year curriculum closely tied to apprenticeship training. The professionalization of social work since that time is symbolized by the fact that in 1953 there were 59 university-affiliated graduate schools of social work, plus 51 undergraduate departments.⁷

Social work has developed a distinctive route of training to support its claim to professional status and jurisdiction. This development was encouraged in 1932 by the adoption of the American Association of Schools of Social Work's "minimum curriculum." In 1944, these educational recommendations were superseded by the "basic eight" topics. All schools agreed that it would be desirable to offer training to all students in at least the following eight subject matter areas:⁸

- Social Casework
- Social Group Work
- Community Organization
- Public Welfare
- Social Administration
- Research in Social Work
- Medical Information
- Psychiatric Information

These subject matters are taught with references to certain ethical and scientific values. Charlotte Towle's recent formulation is probably representative of much of the profession's present thinking and is common in the outlook of leaders in other professions:

The capacity to think critically and analytically and to synthesize and to generalize; a capacity to break things down in order to build them up for use; a capacity to apply knowledge and a well established habit of seeking it, using it, testing critically, and formulating principles—in short, the objective of develop-

⁷ Katherine A. Kendall, "Education for Social Work," *Social Work Year Book 1954* (New York: American Association of Social Workers, 1954), p. 177.

⁸ *Ibid.*, pp. 172-74.

ing and entrenching the spirit of scientific inquiry.

Development of "feelings and attitudes that will make it possible for students to think and act appropriately."

A capacity for establishing and sustaining purposeful working relationships.

Development of a "social consciousness and social conscience."⁹

How can these objectives be approximated best? All professions operate on the general assumption that training increases the possibility that persons will grow to meet these criteria, but there are many differences of opinion about how a specific type of training contributes to one or more of these purposes. The testing of these assumptions is one of the most urgent tasks, but in social work, as in other fields of practice, action cannot wait until these problems can be subjected to research. Students must be trained now.

The present social work route of training includes five general components:

1. *Pre-professional training.* Students are not accepted without successful completion of four years of college training. The major may be in any field, although a heavy concentration of social science courses is common, with probably all schools requiring a minimum number of such courses. Much consideration is also given to the student's personality. Applicants generally are assessed *clinically* by the faculty with a view to making a prediction of their most probable capacity for education to practice, particularly their ability to develop professional helping relationships.

2. *Generalized knowledge.* About 10 to 25 per cent of the two-year curriculum consists of theoretical or factual didactic lectures. They usually include such subjects as social research methods, statistics, survey of the field of social work and social work

⁹ Charlotte Towle, *The Learner in Education for the Professions* (Chicago: University of Chicago Press, 1955), pp. 3-22.

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agencies, including private and public welfare activities, and the medical, legal, and historical aspects of social work. Until recently, training in general personality theory was largely restricted to psychoanalysis. Since World War II, however, other behavioral science approaches are being added, in the belief that they provide new insights to social workers.¹⁰ Many schools provide courses in group processes and structure and in human growth and development, which attempt to apply to practice the research contributions for a variety of basic social science fields, particularly sociology, anthropology, and social psychology.

3. *Clinical knowledge courses.* A considerable proportion of the classroom hours are taken up by the consideration of clinical examples from social work practice. An estimated 20 to 35 per cent of the student's time in graduate school is devoted to discussions in small groups under the leadership of a member of the faculty. The agenda is largely composed of written case records from casework, group work, or community organization settings. The case method is also used to a considerable extent in courses on administration, public welfare, and supervision. It provides students with a "laboratory" opportunity to think as well as feel about the issues of practice without the pressure of having to do something themselves. No client is sitting across from their desk with urgent needs to be met. In these indirect practice courses, reading assignments, textbooks, and the systematic acquisition of factual knowledge play a lesser role, but cases are generally also presented to illustrate "teaching points" which are believed to be generally applicable. The practice courses, therefore, provide some additional didactic training in social work theories, generalizations, and facts.

4. *Field Practice.* Somewhat over half of the student's time in graduate school is

devoted to field practice. The minimum in a few schools is about 40 per cent to a maximum in some others of 70 per cent of days devoted to training under school auspices. Field work includes not only work with clients or groups but also supervised practice in report writing, participation in staff conferences and, particularly in group work, some administrative responsibilities. At least one of the field placements is usually in an agency specializing in the type of work the student plans to enter after graduation. Social work education at the Master's level, therefore, is heavily clinical and practice-oriented. Direct and classroom training around practice experiences can be estimated to take up roughly from about 70 to 90 per cent of the total curriculum time.

5. *Educational supervision.* The field work experience is guided by an experienced social worker, who has at least weekly tutorial meetings with each student to discuss his work with individuals or groups. The agenda is made up by the student's own practice experiences, which he records in considerable detail. The supervisory process makes heavy demands on many of the students, not only of an intellectual but also of an emotional nature. It probably touches most students more intimately than any other part of the training program. Charlotte Towle observes that "the relationship with those from whom he must learn tends to recreate the first learning experience [in childhood] and to activate the conflicts of the early years."¹¹ She believes that it should be ". . . a core experience and major determinant of the student's development."¹² There is considerable emphasis on the acquisition of empathy by the student to remove barriers to the creative use of his person in establishing helpful professional relationships with his clients. Deep-seated emotional problems are rarely dealt with, but they are often brought to a

¹⁰ Grace L. Coyle, "New Insights Available to the Social Worker from the Social Sciences," *Social Service Review*, Vol. XXVI, No. 3 (September 1953), pp. 289-304.

¹¹ Towle, *op. cit.*, p. 144.

¹² *Ibid.*, p. 138

student's attention. Most social work educators are agreed, however, that supervision should differ from a psychotherapeutic session in its heavy reliance "upon the student's capacity to experience change in feeling through an intellectual approach."¹³

The effect of social work education on each student is also of concern to the faculty. Many schools assign advisers, who act as personal coordinators between the school, a student, and his field work supervisor. The faculty adviser thus is another person who does some tutorial teaching, and is ready to help in the adjustment of students to the emotional impact of social work training.

This brief summary of the social work training route cannot do justice to the content of actual courses, nor can it make allowance for the variations in the curriculum of different schools. All applied human behavior fields pay attention to many of these components of training, but they differ markedly in their emphasis, particularly in the degree to which basic social science knowledge is regarded as minimally relevant for effective practice.

Social workers generally have more graduate training than many of the other human relations specialists, such as vocational counselors, home economists, probation officers, policewomen, infant welfare nurses, employment interviewers, adult educators, housing project services advisers, recreational therapists, and house mothers. On the other hand, persons practicing psychiatry, marriage counseling, and clinical psychology usually undergo a much longer period of training in classroom settings and obtain a degree at the Doctoral level.

Social work has recently been defined by Maas and Wolins as a profession concerned with ". . . the prevention and alleviation of the socially and psychologically damaging effects of crisis situations."¹⁴ But it is

clearly only one of this kind of helping services. It can be distinguished more and more by its specific route of training which, in very general terms, includes field work, practice course hours, and generalized knowledge course hours in roughly that order of emphasis. The learning takes place within an atmosphere of more personalized faculty attention to the student's emotional qualifications for practice than in other professional training routes.

SOCIAL WORK AS A PROFESSIONAL SUBCULTURE

The behavior patterns of most adults is greatly influenced by the work they do. Such attributes as social status, place of residence, and friendship patterns tend to be correlated with occupation. The subculture of work is particularly crucial to the understanding of professional persons who undergo a common route of training and who look at their work as something more than a way to make a living; it often becomes their calling. While each person also participates in other subcultures within the total social system, such as a family, lodge, neighborhood, or church, the normative patterns of work have a considerable carry-over into the total life situation.

The social work subculture, like all cultures, can be viewed as having two principal components which developed gradually in response to common working conditions and practice tasks.

1. *Ethics*, which includes those shared values which have strong moral sanction. These aspects of culture, the *mores* of the profession, do not change readily.

2. *Etiquette*, which includes those shared patterns which have little moral sanction but are supported by tradition, convention, and usage. These aspects of culture, the *folkways*, are much more readily changed and tend to vary within the professional subculture far more than the *mores* or ethical component.

Every social work problem involves alternate choices of value. Workers must come

¹³ *Ibid.*, p. 136.

¹⁴ Henry S. Maas and Martin Wolins, "Concepts and Methods in Social Work Research," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954), p. 215.

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to grips with many fundamental and controversial ethical issues, such as the degree to which clients *should* have the right to determine their own lives or what kind of help they are to receive in matters involving unconventional and antisocial behavior. Some of these ethical problems, such as those involved when dealing with divorce, or an aged couple rejected by their children, present something more than an intellectual challenge. They have an emotional impact on the student since they involve his own basic philosophy of life.

There is a core of more generally shared values which makes it possible to train social workers in nonsectarian universities, even if the normative goals differ to some extent in family counseling or group work under Catholic, Jewish, or nonsectarian auspices. For example, the profession generally believes that the physical and mental health of children should not be left to chance. Those born into disadvantaged homes are offered help through public or private welfare agencies, child guidance clinics, or group work agencies. The profession also generally supports a policy that the public should assume an increasing variety of responsibilities for helping persons to achieve many of the prerequisites of the "good life" which they cannot attain unaided. In 1951, the Delegate Assembly of AASW officially adopted the "Standards for the Professional Practice of Social Work."^{15, 16} A code of ethics and efforts to enforce it are among the criteria which distinguish occupations claiming professional status from other types of work.¹⁷

The social work subculture is also characterized by a strong common sense of iden-

tification. Practitioners chose the profession from among several alternate occupations, like teaching or clinical psychology, for which they could have acquired the necessary training and experience. They also were chosen by it. Social work graduation carries with it a stamp of professional approval, a peer judgment of moral worthiness and emotional capacity to be of service to others. Not all persons entering the social work training routes are allowed to complete it. Some lack the intellectual qualifications; others cannot endure the personal stress inherent in the development of helping relationships with clients, groups, or communities, where the focus is on helping or enabling people to help themselves, not on manipulating, controlling, or using them.

This identification is expressed in many culturally shared attitudes and acts. Polansky and others found that Detroit social workers ". . . were likely to be identified with the interests of the least privileged group,"¹⁸ an attitude probably less characteristic of the subculture of marriage counselors, adult educators, and city planners. Clinical psychologists and social case-workers may be doing the same kind of counseling in a Veteran's Administration hospital. But while the psychologists do know or at least think they should know, something about people like Hull, Thorndike, Murray, Newcomb, Murphy, Rorschach, and so forth, these men and their life's work are not professional models for social workers. The latter did their professional growing up with Richmond, the Abbotts, Hamilton, Coyle, Karpf, Klein, and so forth. The social workers and the psychologists belong to different reference groups, read different journals, and acquire a familiarity with and a loyalty to different professional organizations, their conventions, their publications, and their leaders.

¹⁵ American Association of Social Workers, *Standards for the Professional Practice of Social Work*, New York, 1951. Some of the background material leading to their adoption can be found in Hailman, *infra cit.*

¹⁶ David E. Hailman, "A Code of Ethics for Social Workers," *Social Work Journal*, Vol. XXX, No. 2 (April 1949), pp. 44-50.

¹⁷ *The Annals*, Vol. 297 (January 1955).

¹⁸ Norman Polansky, William Bowen, Lucille Gordon, and Conrad Nathan, "Social Workers in Society: Results of a Sampling Study," *Social Work Journal*, Vol. XXXIV, No. 2 (April 1953), p. 80.

The fact that social work is a subculture also is indicated by the existence of a professional terminology, including such terms as "relationship," "sharing," "supervision," "movement," and "generic principles." These concepts facilitate communication within the profession, but they also contribute to reducing the probability of interchange of ideas between social workers and other applied behavioral science occupations which have their own and a somewhat different "lingo."

These and other social work folkways help practitioners to behave in a professionally appropriate manner, but they are shared less uniformly than the more basic professional ethics. Like all cultural institutions, the culture of social work contributes to the maintenance of cohesion within the group, supports a common sense of identity, and regulates the interaction of members within it. It must be part of any effort to describe the profession and its functions.

SOCIAL WORK AS A MIDDLE RANGE STATUS PROFESSION

The social worker occupies a middle range status among the applied behavioral science occupations. Psychiatric social workers usually have less professional status than psychiatrists and clinical psychologists with whom they often are associated in clinics.¹⁹ School social workers and visiting teachers trained in schools of education have approximately equivalent prestige, if judged by the frequency with which these differently trained persons may be used interchangeably to fill similar positions at similar rates of pay. There may also be status equivalence between group work, adult education, and recreation, although no comparative studies of the relative prestige of

¹⁹ Alvin Zander, "Some Determinants of Role Relations: A Study of the Relations Among Psychiatrists, Clinical Psychologists and Psychiatric Social Workers." Unpublished manuscript.

these professions have been made. Wayne University students, as well as Detroit social workers, ranked their field of work to be less prestigious than that of doctor, lawyer, plant executive, school teacher, and store owner, but more prestigious than plant foreman, salesman, clerical worker, and carpenter.²⁰ Polansky and White, in independent studies, found converging evidence that the present level of prestige of social work is "a source of conflict and of questioning for many young social workers...."^{21, 22}

There is evidence that the average social worker is a person lacking the security which may be derived from felt membership in a strong societal status group.²³ They are "marginal" in the sociological sense,²⁴ by virtue of their intimate participation in several fairly distinct subcultures, such as the psychiatric-professional world, the middle-class milieu of their parental home, the "leading citizens" section of the community which provides the bulk of financial support for private welfare work, and the lower-class subculture to which many of the clients belong. This multiple and hybrid identification of social workers probably contributes to their capacity to be emphatic with the problems of persons from many walks of life other than their own. But many pay for this skill with an inevitable disinclination to feel deeply identified with any of a community's major social and power subgroups.

Social work requires a strong sense of identification with human welfare aspirations. But among the professions which offer persons with this type of idealistic motivation an opportunity to practice in helpful relationships to other people, social

²⁰ Polansky, et al., *op. cit.*, p. 77.

²¹ R. Clyde White, "Social Workers in Society: Some Further Evidence," *Social Work Journal*, Vol. XXXIV, No. 4 (October 1953), p. 164.

²² Polansky, et al., *op. cit.*, pp. 77-80.

²³ Polansky, et al., *op. cit.*

²⁴ Everett Stonequist, *The Marginal Man* (New York: Charles Scribner's Sons, 1937).

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work provides only a modest middle range level of monetary incentives. Social work earning potentials are less than those in psychiatry, public administration, or psychology.²⁵ However, salary standards were somewhat better than those of public health nurses, librarians, and dietitians, and were similar to those of public school teachers.²⁶

The prestige of the various professions also seems to be related to the degree of choice which practitioners have about the organizational setting of their work. Two main forms of professional structure can be distinguished:

The "free" or private enterprise setting, within which the general medical, psychiatric, and legal professions do much, but by no means all, of their work.

The organizational setting, which is characteristic of most helping services of social workers, clinical psychologists, vocational counselors, and pastoral counselors.

Private practitioners of social work have hung out their shingles in a few larger cities, but their number is as yet very small. The predominantly organizational form of helping people in trouble in social work is strongly rooted in the history of the profession. It began when charitable agencies began to hire women to work full-time in order to supplement the volunteer services provided by their sustaining members. The agency structure of work is being supported by such factors as the subsidy basis of social work operations. Public funds or contributions from citizens and community welfare chests are needed, since few social work services are self-supporting, even those for which clients pay an income-adjusted fee.

²⁵ Robert McCornack and John C. Kidneigh, "The Vocational Interest Patterns of Social Workers," *Social Work Journal*, Vol. XXXV, No. 4 (October 1954), pp. 162-3. The findings were based on the Strong Vocational Interest blank filled out by 87 per cent of a sample of 1,400 social workers who were members of the American Association of Social Workers.

²⁶ Hollis and Taylor, *op. cit.*, pp. 101-105.

The middle range status of social work is one of many illustrations which could be cited to support the generalization that public services in the American culture appear to be less valued when rendered by a "bureaucrat" (someone who works for an organization) than if performed by an individual who is an entrepreneur, "meets a payroll," and is not dependent on public service for his own support.

Professional status also seems to be affected by the prestige of the persons for whom a service is rendered. It does not necessarily reflect differences in levels of competence.²⁷ The public ranks the services of kindergarten teachers below those of a high-school teacher or college professor. Psychiatrists in public mental hospitals are paid less and have less prestige than those who treat similar patients who can pay for their care. In clinics, where social workers and psychiatrists work as a team, the former almost invariably receive less pay and have less power to exercise authority. Most social workers are accepting of these differentials, often because they believe themselves to be less skilled in counseling. The validity of this assumption has never been put to test.²⁸ While psychiatrists have more years of education, they usually get a caseload of persons who are highly motivated to seek help and often have the personal and economic resources to seek it within a long-range therapeutic relationship. Social workers, despite the lesser degree of skill attributed to them, tend to get those clients with more marginal resources and a more limited readi-

²⁷ Ralph Linton, *The Study of Man* (New York: Appleton-Century Company, 1936), pp. 113-121, has called attention to the fact that in all cultures *ascribed statuses*, those assigned by society without reference to an individual's specific capacities, are not always identical with *achieved statuses*, which can be documented by specific accomplishments.

²⁸ David G. French, *An Approach to Measuring Results in Social Work* (New York: Columbia University Press, 1952).

ness to accept help. Social workers certainly are being called upon to assume a great variety of complex responsibilities.

The middle range status of the profession may be related to the difficulty in recruiting a sufficiently large number of social workers to meet existing needs. There is an acute shortage of trained personnel. The Council on Social Work Education estimated, on the basis of vacancies and projected new services in 1954, that 50,000 additional social workers will be needed during the next decade, over and above any needed to replace those now in the field.²⁹ Replacements in 1954 were less than the number of trained workers who left their jobs for other careers, marriage, pregnancy, retirement, or death. Under such circumstances, even agencies with a policy favoring the raising of training standards are sometimes forced to hire persons with little or no training for functions which they regard as being professional. Some of the most difficult and responsible jobs of helping people, such as the position of foster parent or worker in a treatment institution for disturbed children, are filled by persons who may not even be high school graduates. Hollis and Taylor have estimated, on the basis of several local studies, that ". . . between three-fifths and three-fourths of the public assistance and related social workers of the nation have not had any professional education; moreover, with the general education of nearly half this group being less than college graduation, a substantial proportion is not eligible to undertake graduate professional study."³⁰ Less than one-fifth of the persons engaged in social work in 1953 were members of one or more of the professional organizations.³¹ The middle range status of social work is

probably a significant factor in explaining this situation. It is a good illustration of the theory which Robert K. Merton has called the *self-fulfilling prophecy*. He summarizes it by quoting W. I. Thomas: "If men define situations as real, they are real in their consequences."³²

Occupational choice is no doubt influenced by many personal and social factors, but it is probably no accident that social work recruits a large proportion of its personnel from minority groups, such as women and Negroes, and other categories of persons who, for various reasons, have to overcome social barriers in order to pursue a professional career. They are categories of persons most likely to be satisfied with the middle range status of the profession. Socially less handicapped persons motivated to devote their life to working with people can more readily pay for and undergo training in professional jurisdictions other than social work which promise equal or greater rewards than social work, sometimes with less time-consuming and exacting minimum requirements.

The limitations of power of social workers in influencing major policy decisions affecting their work is another index of their middle range status. Although in recent years social work schools and agencies are increasingly headed by professionally trained individuals, non-social work executives are sufficiently common to indicate that public opinion does not regard social work training essential for these positions. Lay boards of trustees still make professional policy decisions in many agencies, particularly if the issue is of major import and has elements of controversy. This marginal power position is well illustrated in Hunter's study of "Regional City."³³ The social worker, like any modestly paid

²⁹ Council on Social Work Education, *Recruitment for Social Work*, New York, 1954, p. 1.

³⁰ Hollis and Taylor, *op. cit.*, p. 90.

³¹ Clyde E. Murray, "Social Work as a Profession," *Social Work Year Book 1954*, (New York: American Association of Social Workers, 1954), p. 507.

³² Robert K. Merton, *Social Theory and Social Structure* (Glencoe, Illinois: The Free Press, 1949), p. 179.

³³ Floyd Hunter, *Community Power Structure* (Chapel Hill: University of North Carolina Press, 1953), p. 237.

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white collar worker, is very dependent upon continuous employment. He rarely has enough financial reserve, and often too many family responsibilities, to freely exercise his full freedom of applying his professional judgments. He is handicapped in backing it up with a threat of resignation, if need be. No state has a compulsory licensing of social workers as there is for nursing, although even barbers and plumbers could not practice their trades without officially recognized certification.^{34, 35, 36}

SOCIAL WORK AS A CHANGE-ORIENTED PROFESSION

Social work leaders are not satisfied with the profession's present status. Those identified with it are supporting a well-organized change-oriented program designed to close the gap which now exists between professional aspirations and achievement. We have recently witnessed the merger of the American Association of Social Workers, American Association of Psychiatric Social Workers, American Association of Medical Social Workers, American Association of Group Workers, National Association of School Social Workers, Association for the Study of Community Organization, and the Social Work Research Group into a large unified organization, the National Association of Social Workers. It is blanketting in as members nearly all the over 17,000 persons belonging to one of these seven predecessor organizations, irrespective of their qualifications. New members, however, will have to meet the minimum requirement of being a graduate from a school of social work accredited by the Council on Social Work Education.³⁷ This merger rep-

resents more than a concrete expression of the point of view that all social work shares a common core of theory and should have a common route of training. It reflects a conviction that large organization with more prestige and public influence is needed to attain the profession's objectives. Representation of the profession's interests at legislative and executive policy-making levels will be one of its major functions.

The shortage of well-trained personnel, while it may be a reflection of conditions within the profession which are unsatisfactory by its standards, also functions as a change factor. Social workers who are trained and capable have a wide choice of job opportunities. Every social work graduate at present can take his pick from a dozen or more positions. Agencies anxious to maintain or improve their staffs have to offer inducements through improved pay scales, working hours, and professional status. Trained social workers are becoming more and more concentrated in agencies with staff policies giving recognition to training, offering good supervision, and encouraging in-service professional development through workshops, seminars, and consultants. Workers are more likely to accept positions where the workload is sufficiently small to permit an application of their professional skills. Public welfare agencies, which generally are less able to operate on the basis of such professionally desired standards, have particularly great difficulty in attracting and keeping well trained workers. The law of supply and demand is operating to force those sections of the public which value social work training and experience to provide more recognition to practitioners.

There also is less readiness to accept ancillary relationships with helping professions of higher prestige, as described by Florence Sytz: "In the lexicon of social work, a consultant is usually male in gender, is likely to come from one of the 'human sciences' other than social work, such as psychiatry or psychoanalysis, although cur-

³⁴ Lee R. Steiner, *Where Do People Take Their Troubles?* (Boston: Houghton Mifflin Co., 1954), pp. 1-4.

³⁵ R. E. Arne, "Protection of the Public Through Licensing of Social Workers," *Social Work Journal*, Vol. XXXIII, No. 4 (October 1952), pp. 184-90.

³⁶ Murray, *op. cit.*, p. 514.

³⁷ *Bylaws* of the National Association of Social Workers, p. 5.

rent fashion is tending to favor the sociologist and cultural anthropologist." ³⁸ Advancements in training and practice standards and occupational prestige of social work are already lessening the professional's dependency on outsiders.

Social workers are also examining their basic educational assumptions with a view of possible changes.^{39, 40} In their organizational deliberations and in their writings they place increasing emphasis on the need for more knowledge. At every convention, speakers will be found to exhort the participants that social work must develop its "own science," with its "own field of knowledge," tested in its own research laboratories. At present it is an amalgamated application of knowledge from every basic human behavior science, including medicine, psychology and psychiatry, sociology and anthropology, economics, government, and the field of ethics, plus the experiences and traditions of its own practice. Social work has no special symbols of a separate domain of knowledge. There is nothing comparable to the M.D. degree in psychiatry, with its related legal sanction for exclusive responsibility in the treatment of mental disorders; there are no instruments like the clinical psychologist's tests or the vocational guidance counselor's vocational interest inventories. The situation has been well described by Alfred J. Kahn:

. . . social work knowledge is, at the present time, in fact, an amalgam of several different things: (1) propositions borrowed from, or markedly like those of, psychiatry and some branches of psychology; (2) propositions, fewer than in (1), borrowed from, or markedly like those of, sociology, social anthropology, and a scattering from other fields; (3) appar-

³⁸ Florence Sytz, "The Folklore of Social Work," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954), p. 242.

³⁹ Hollis and Taylor, *op. cit.*, Part II.

⁴⁰ Helen R. Wright, "Social Work Education: Problems for the Future," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954), pp. 176-193.

ently original propositions about how to do certain things in casework, group work, and community organizations; (4) methods, techniques, and attitudes clearly derived from the fields of administration, statistics, and social research; (5) propositions about how to do things apparently derived from, or markedly like, those of progressive education.⁴¹

What, then, is unique about social work? There is no evidence of such unique elements either of knowledge or training, but this generalization also applies to most other applied behavioral science professions, to marriage counseling, to pastoral counseling, and to adult education, to mention only a few. The profession's self-conscious concern with "defining our role," or "developing our knowledge" tends to cloud the contributions which social work is making to the behavioral sciences, particularly to dynamic psychology and sociology. The psychology of unmarried motherhood, leadership patterns in small groups, or the social psychological consequences of life at a minimum subsistence level are some of the numerous areas of knowledge about which social workers have something important to say. Does it really matter that their contribution is not unique or exclusive, in the sense that persons not identified with social work are also working on and studying such problems?

Even a cursory reading of social work journals and books will be rewarded with a wealth of useful facts and generalizations about how people live and meet the problems of living. This body of empirical observation and some derivative generalizations are largely ignored by many of the other helping professions and the more theoretical social sciences. The channels of interprofessional communication include many a broken wire. Only the lines be-

⁴¹ Alfred J. Kahn, "The Nature of Social Work Knowledge," in Cora Kasius, ed., *New Directions in Social Work* (New York: Harper & Brothers, 1954), p. 197.

Whence and Whither Social Work?

tween the psychiatry and social work jurisdictions are busy, but the traffic is mostly in one direction. Those between sociology and social work are far less used, and in many places are chronically out of order. Clinical psychologists and social caseworkers, adult educators and social group workers, make so little reference to their respective discoveries as to make one marvel how professionals can have so much in common and be so unaware of it. Could this fact be related to a somewhat competitive concern of all these overlapping young professions with carving out a well-defined functional jurisdiction?

SOCIAL WORK AS AN APPLIED BEHAVIORAL SCIENCE

The advancement of knowledge not only in social work but in all the applied behavioral sciences is probably a necessary prerequisite for gaining more support for their activities. It will be interesting to see how such a trend will affect social work's stress on autonomy. Its present clamor for the development of a "generic" and "basic" social work science is probably more related to the profession's struggle for recognition than for new knowledge. Speakers refer to but do not specify what they mean by social work's own "field of knowledge." The importance attached to the terms "generic" social work and "basic" principles does not lie in the existence of a well-defined common conception of what they are, but may be a ritualistic assertion to cut the umbilical cord from those other applied behavioral sciences which at present enjoy more public prestige, for reasons which may be quite irrelevant to their known or probable effectiveness.

What would happen to the identity of social work as an autonomous profession in such a development is hard to anticipate. Social work is aiming toward an eclectic application of all that can be applied from the behavioral science disciplines around their common focus of concern: the Human

Being. This has led to proposals like that of Maurice P. Beck that the profession adopt a new designation, such as *social practice*: "The use of *Social Practice* has the advantage (even for a transitional period until a more precise term is arrived at) of (1) more accurately characterizing the activities performed, (2) epitomizing its professional nature, and (3) disengaging itself from the welter of conflicting reactions that social work connotes."⁴² While only a small minority of social work leaders would support so drastic a change in their profession's designation, there is wide agreement that there must be a change if the existing gap between professional standards and contemporary practice is to be reduced.

The existing variety of applied behavioral science occupations, their jurisdictions, and their favored methods of treatment may have greater significance for the social historian than for future public policy. In clinics and agencies where some of these professions work together, their common core of basic behavioral science knowledge, their common approaches to treatment, and their common problems indicate that the application of more scientific knowledge about the validity of the various channels and methods for helping people with specific economic, social, psychological, and value conflict problems is effecting pressures for reorganization in other of the helping professions. Strong public support for such developments, without which they cannot take place, is not likely to come until the problems of social practice can be subjected to more rigorous examination, research, and evaluation. For the present, there has been little research to verify clinical judgments which educators must make in setting up a course of training. The relationship of specific academic and practice experiences to postgraduate ability to do a job is largely conjecture and impression.

⁴² Maurice P. Beck, "Developmental Tasks Ahead in Practice," University of Pittsburgh School of Social Work Faculty-Alumni Conference, 1953; p. 1.

WHITHER SOCIAL WORK?

Social work has been described as an emergent social practice profession, with diversified interests, but with no area of exclusive jurisdiction. It is being unified by a common route of training and by integrated organized planning for action. It is a professional subculture, with middle range status among the multitude of applied behavioral sciences. It is a change-oriented movement bent upon increasing its area of knowledge, its responsibilities and its recognition.

What are the prospects for the success of this movement? Social workers in practice could cite many examples to indicate that many segments of the public react with ambivalence or negativism to professional urging for the improvement of standards of practice. But a general review of historical trends indicates that there also are powerful social forces which seem to give support to the advancement of applied behavioral science occupations in general, social work included.

Social work functions as a new form of mutual aid. Informal and spontaneous mutual aid within cohesive families and small communities began to break down under the impact of the industrial revolution.⁴³ Today many individuals or families find themselves struggling alone, among strangers, none of whom feel an obligation to be helpful in the numerous life situations which no person can meet alone, from birth to death, from employment to baby-sitting, and from friendly counsel to opportunities for meeting people. The previously referred to relationship between the level of social work services and of economic prosperity becomes more understandable if it is recognized that America's high standard of living is being achieved by ever-increasing division of labor and the application of scientific principles to man himself. The

⁴³ For a classic but still very stimulating treatment of this factor, see P. Kropotkin, *Mutual Aid* (New York: McClure Company, 1907).

rational use of human labor to achieve maximum efficiency has such by-products as frequent geographical movement of individuals or families to get better jobs, to find more suitable housing, or to live in a climate more suited to health. The network of intimate social relations, which in less developed countries tends to be quite stable for generations, and which supports individuals in the crises of living, can no longer be depended upon to furnish the old-fashioned good neighbor type of mutual aid.

The variety of emergent human relations technologies is almost keeping pace with the process of diversification of engineering and production. Social work is a fairly recent "union label" of persons who fulfill a great variety of tasks one human being might do to help another. A review of the previously mentioned listing by the Bureau of Labor Statistics of vocational positions thought to be in the field of social work shows them to have the following common characteristics:

Most of the functions of these specialty occupations were at one time performed and still are often performed by non-professional persons, such as parents, neighbors, and friends.

All of these job categories are relatively new. Most of them did not exist before the turn of the present century.

These specialty occupations are most highly developed in large urban centers in the United States and a few other democratic countries with high levels of industrialization and income.

The proliferation of new services continues and seems to be a function of urbanization, individualization, mobility, and other social consequences of technological progress. We are currently witnessing the self-conscious emergence of "vocational rehabilitation," "group work in therapeutic settings," "speech therapy," and the "hard-to-reach youth" workers as new professional services. The hypothesis that man's needs

Whence and Whither Social Work?

are unlimited is being dramatically demonstrated. Universal education makes more people aware of the fact that science can make contributions to the solution of many problems of living which earlier had been accepted fatalistically and were dealt with on the basis of guesswork, tradition, or superstition. When exhortations are made for their support, they are less and less expressed in the form of eleemosynary sentiments, such as: *help the poor*, or *earn your way to salvation by doing charity*. Increasingly, the appeal is more self-centered, reminding people to *help agencies which help them!*

There was no support for such varied welfare services at the dawn of the industrial revolution, but America's great productive power is helping to change public opinion about what are necessary services. What at one time were luxury goods and services are being reclassified as necessities. Social work comes close to being the "general practitioner" among these multiple mushrooming helping services. Americans can, and increasingly do, expect more than a "living" from their jobs; they also need a task which gives them adequate social status and psychological satisfaction. This generalization is supported by the fact that the volume of funds expended by private and public welfare agencies, which reached a new peak during a period of severe economic depression, did not decrease when the country's economy reached an unprecedented zenith of prosperity during and after World War II. Excluding education and health services, the total expenditures for public and private welfare increased from three billion dollars in 1930 to twenty billion dollars in 1950, despite the disappearance of depression conditions.⁴⁴

⁴⁴ There is the question of what should be included in the welfare budget estimate. J. Fredric Dewhurst and Associates, in *America's Needs and Resources* (Twentieth Century Fund, 1955), pp. 294, 347, and 430-32, have estimated that in 1950 Americans spent 12.7 billion dollars for health and medical services. They also consumed 10.2 billion dollars

Recreational and group work activities, which reach lower as well as middle class segments of society, which were budget-wise of relatively little importance in the 1920's, were a major welfare field in 1950. Family service societies, under lessening pressure to give financial assistance, have developed more extensive counseling, home-making, and parent education programs. For example, an analysis of income level of clients of the Family Service Association in Cleveland in 1954 disclosed them to be similar to that of the general population of the city and its suburbs in Cuyahoga County.⁴⁵

INCOME OF CLIENT FAMILIES

(N = 4,519 families, with 14,913 individuals)

Income	Clients of Family Service Association	Population of Cuyahoga County
Less than \$2,000	26%	24%
\$2,000-\$3,999	39%	37%
\$4,000-\$5,999	25%	23%
\$6,000 and over	10%	16%

worth of strictly recreational goods and services. Some of these expenditures could be added to their 20 billion dollar estimated total of the public and private welfare budget. Public programs account for much of the increase in the welfare budget, but there also is evidence of a new resurgence of non-public sources of welfare financing, through community chests and employer contributions to health, welfare, pensions, and most recently, unemployment insurance funds.

Eveline Burns points out that the increase in public welfare expenses is somewhat less dramatic when corrected for the inflationary value of the dollar. Also in comparison with the total national product, the proportion devoted to public welfare services dropped by about 1 per cent between 1936 and 1950-51, from 6.1 to 5.1 per cent of the total national income. Dr. Burns does not cite comparable data for private welfare expenses, which probably increased more than enough during the same period to counteract this percentage decrease of the total national product devoted to public and private welfare services. (Eveline Burns, "The Role of Government in Social Welfare," *The Social Welfare Forum*, New York: Columbia University Press, 1954, pp. 65-84.)

⁴⁵ Family Service Association of Cleveland, *Facts and Figures for 1954*, Cleveland, Ohio, 1001 Huron Road.

This agency, which prior to the depression devoted a large proportion of its resources to alleviate economic suffering, was focused on helping with problems of personal maladjustment and family relationships. Only 15 per cent of the cases were classified as being predominantly economic in nature. About one in five of the families paid a fee, on a sliding scale, with twice as many fee-paying families among that tenth of the client population receiving most intensive care, as indicated by the fact that they had more than ten sessions with a caseworker. It is evident that the potential market of these counseling and other social services is far greater than the population which might only need economic assistance.

Evidence of increasing public readiness to accept the broad public service orientation of this emergent profession can also be found in the acceptance of professional social work goals in many conservative political circles. For example, Nelson A. Rockefeller, former Undersecretary of the Department of Health, Education, and Welfare of a not "welfare state" oriented Republican administration, stated recently: "The young men and women who choose social work will invest their future in a field that is just beginning to come into its own, where the horizons are boundless, the opportunities unlimited. They will play a

vital role in the new world that is shaping—applying new skills and growing knowledge of human behavior to the great unsolved problems of today."⁴⁶

The machine age has not eliminated human relations problems; it is marked by an increased capacity and readiness to give them emphasis. Mutual aid, which was performed in the past through informal neighborly acts based on intuitive wisdom, is increasingly becoming the responsibility of professionals, who are agreed on the general principle that practice should proceed more and more on the basis of training in the use of verified knowledge. Social work and other applied social sciences are not products of poverty but a movement in response to such factors as technological progress, urbanization, mobility, and our ethical values about human rights. Social work and other helping professions are growing not in spite of but because of the fact that people need worry less and less about their victuals; they now have time and leisure to note the truth of the biblical verse: "Man does not live by bread alone." Troubles of the libido, in social relations, and of the belief system can be as threatening to welfare as hunger pains.

⁴⁶ Council on Social Work Education, *Social Work as a Profession*, New York, 1953, p. 2.

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Work

BY I. S. FALK

Public Welfare Today and Tomorrow

IT MAY BE USEFUL to assess where we are today in public welfare, and to try to clarify perspectives for tomorrow. New assessment and new planning are especially important now because the world is in ferment. Hundreds of millions are in revolt against hunger, disease, ignorance, insecurity, and lack of amenities. They are observing our attainments closely, whether for inspiration and emulation or for disparagement.

In the United States we are fortunate in our economic prosperity, our social achievements, and our political stability and resilience. We are wise, I believe, to give financial and technical aid from our abundant resources, generously, to people in other lands—to help them achieve a better life. But we are not without problems and needs at home, and we must increase our strength through social as well as economic advances. Adequate welfare services are not luxuries, but are essentials of our national life.

ACHIEVEMENTS

Twenty years ago we were in the depths of economic depression. Unemployment, destitution, and insecurity were widespread and emergency assistance and work programs were meeting economic needs as best they could. In August 1935 we adopted the Social Security Act as a per-

manent national measure, "To provide for the general welfare . . ." As a nation we proposed that what we were suffering then should never happen again. If we could, we would fashion instruments not only to aid those already afflicted and needy but to prevent such disasters from recurring; we would ensure at least a minimum of economic security and well-being to everybody. These were the undertakings. How much have we achieved?

We have evolved new methods of utilizing the combined resources of federal, state and local governments and, in some measure, of voluntary agencies, in the service of human need. Public administration of welfare programs, once largely a political jungle, has become for the most part a relatively humane and efficient civil service, and has even made substantial contributions to improvement of other public and private services by precept and example. We have developed income maintenance through contributory social insurance, supplementary income for needy persons, and new supports for welfare services.

Old age and survivors' insurance now extends to nine out of ten paid civilian jobs; over 70 million persons are "fully" insured—nearly 30 million of them "permanently" (that is, whether or not they make further insurance contributions); and over 6 million aged and 1½ million under sixty-five years of age are receiving monthly benefits. Unemployment insurance is paying weekly benefits to more than one million unemployed. Related public insurance programs are serving many other aged persons, survivors, and disabled individuals. By contrast, twenty years ago

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about one-half of all the aged were mainly or wholly dependent on relatives or friends; only a small percentage of them were receiving benefits under public retirement programs; and there was no public unemployment insurance.

The four federally aided assistance programs are providing some income to over five million persons, about one-half of them aged persons. The state and local general relief programs are serving about three-quarters of a million more. In 1935, the numbers and proportions receiving public aid were relatively negligible.

These figures illustrate achievements in the public sector. At the same time, voluntary welfare activities have expanded and diversified. Relieved in large part of responsibilities for income maintenance, they have been able to concentrate their more limited resources on gaps and inadequacies in the public programs, and on developmental projects. Though it is difficult to measure how many people they serve, the accomplishments are impressive. Not the least of their contributions is the comfort they give many millions to whom they are a potential resource of help when acute needs arise or chronic loads become too heavy.

In addition to these public and voluntary programs, about 13 million employees are now under some 20,000 industrial plans approved for tax-deduction purposes, and there are about 100 million persons with some voluntary insurance for hospitalization or other health services.

In the twenty years 1935-1955, aggregate public and private welfare expenditures (exclusive of those for education and health) increased from less than \$6 billion to \$19 billion—public amounts from \$5 billion to \$15 billion, and private contributions from \$1 billion to \$4 billion. These increasing welfare expenditures have not strained the economy. Indeed, since total national output increased even faster in the same period, from \$73 billion to

\$385 billion, welfare expenditures decreased from nearly 8 per cent to less than 5 per cent of total national resources.¹

UNMET NEEDS

Though we can derive much satisfaction from recent achievements, they should not mislead us into thinking that all is well with the welfare services or that we have arrived at Utopia.

With respect to the public services, let me make explicit my benchmarks for measuring unmet needs. Basic social insurance should cover all individuals and families dependent on earnings; it should protect them against all the major common risks to economic security—old age, unemployment, premature death of the breadwinner, long-term and temporary disability, and the costs of personal health services; its benefits should be sufficient to ensure self-dependence except in case of unusual needs; and the program should be a rational and coordinated system comprehensible to the public as contributors, claimants, or beneficiaries. Social insurance should be supplemented by adequate public assistance and specialized welfare services to provide against residual and unusual needs and against misfortunes that are beyond the reach of social insurance.

It is gratifying that old age and survivors' insurance applies to nearly all gainful jobs. It provides for benefits in the event of old age or premature death, and it protects the rights to these benefits in case of permanent total disability. But benefits are too low and some eligibility conditions are unduly severe. Permanent total disability income benefits after age

¹ The figures in this paragraph include in the public sector social insurance and related payments, public assistance, and other welfare expenditures; and in the private sector, expenditures from (not contributions to) charities, community funds, and so forth, and from employer-financed pension and related plans. Estimates for 1955 are based on preliminary data for the first six months.

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fifty have only recently been approved by the House of Representatives and must still run the gantlet in the Senate and White House. There are no temporary disability benefits. And the burdens of medical costs must still be met on an individual basis or through inadequate and expensive voluntary insurance.

Unemployment insurance operates through 51 more or less independent insurance systems, with coverage incomplete and benefits generally inadequate; much of its administration is in hands that are unfriendly to the program; and some of its basic financial provisions are at war with its main social aims. Insurance against work-connected injuries, without any national order or system, is also inadequate in coverage and benefits, and is largely an open field for the play of commercial interests, with its social purposes partly forgotten and about one-half of the money used up in overhead and profits.

As with public insurance, so with public assistance. Achievements and successes do not deny inadequacies and failures. We still have only sharply separated categories eligible for federal aid and a non-aided diversity of state and local general relief. Financing is riddled with insufficiencies and inequities. Assistance payments, approximately adequate in some states, range from something approaching uncritical handouts to levels so low as to mock the idea of a decent minimum content of living throughout the nation—levels even below their own minimum standards in one-fourth of the states. Administration, though vastly better than formerly, is still of uneven quality across the country, with such strains in many states and localities on the available professional and technical staffs as to make performance inevitably subject to public criticism either for unjustified acceptance of some cases or for cruel delays in the eligibility determination of others.

Specialized public welfare services, badly needed to prevent dependency or family

breakdown or to rehabilitate, are in most communities in their infancy. Child welfare services are meager in the rural areas and are unevenly developed in urban communities. General medical care for the needy is reasonably good in some places and is disgracefully inadequate in many more. Specialized health and medical services for mothers and children are still badly uneven and insufficient despite twenty years of federal financial stimulation and technical aid. And vocational rehabilitation, recently given a new mandate by Congress, meets the needs of less than 60,000 persons a year though there are about 250,000 new qualified cases annually and a backlog of about two million.

These are some of the deficiencies and unmet needs in the public programs that should keep us from becoming complacent.

Correspondingly, I assume that those of you who are informed about the voluntary programs could document a similar list in that sector—with respect to supplementary insurance and assistance; services for individuals, families, groups, and whole communities; professional education and training; and experiments, pilot projects, and research. Such a list, I am sure, would make us humble about needs and opportunities if we had any inclination to feel satisfied with accomplishments.

The past twenty years have seen the beginning of a new age in public welfare in the United States; but that age is still far from maturity.

While hoping that trends of the recent past will continue without major interruptions, we must not forget that despite the strains of the recent war our newer welfare developments have not been tested by serious economic adversity. If economic misfortune should befall us, we can be sure that both unemployment and old age and survivors' insurance expenditures would expand, and a rising volume of human need would exert strong pressure to maintain and even increase public assistance. However, a major problem in the

next ten years may be how to effect improvement of welfare programs in time of prosperity, when general well-being tends to conceal and divert attention from residual poverty and social need.

PERSPECTIVES

We cannot be content to look only behind and about us; we must also look and plan ahead—according to our perspectives, our convictions, and our hopes.

Though we pray that the world will avoid war, and that one day we will have real peace, we must assure that the public and voluntary welfare agencies are prepared for their essential roles in civil defense and disaster services.

Assuming the avoidance of war, changes in population will affect the future patterns of public welfare. With continued high birth rates and low death rates, our population—now 165 million—is likely to be about 177 million in five years, 190 million in ten years and perhaps 210 to 220 million in twenty years. Though all age groups are increasing, the proportion of aged persons is rising. This creates urgent need not only to plan especially for the aged but also to maintain balance in the use of resources for all dependent groups.

Past and prospective increases in the child and aged populations have created undue economic alarms, I believe, over the declining ratio of persons in the labor force to those in the dependent age groups. Productivity—that is, output per worker—is rising much more than enough to offset the decrease in number of workers per 100 dependents.

The recent general sweeps of population to the Western states and from the South northward, and the drift from urban to suburban and peripheral areas, are better appreciated than the vast heterogeneous movements mainly due to job changes. About ten million persons shift their place of residence across county lines in a year, about five million of them across state

lines. We are likely to have more rather than less of this, despite private pension plans that tend to tie the worker to a particular employer.

Augmented mobility accelerates the process of becoming one nation and one people, with more tenuous residence in any particular state. Larger numbers of families without customary roots and associations where they work and live will need more help from public and voluntary welfare agencies in making adjustments to community life and in resolving family problems. Residence will have to yield increasingly to human need as a test of eligibility for financial aid and services, and federal aid will have to lay more emphasis on national and less on state-by-state interests.

As a nation, we are already committed to increasing expenditures for public welfare. For example, under present laws old age and survivors' insurance benefit payments are expected to expand in the next ten years by an amount twice the present total expenditures for public assistance. Aggregate expenditures will rise rapidly and considerably even if public assistance declines, and to still higher levels if we make insurance and assistance adequate and provide for the development of needed services.

The financial resources for public welfare will depend, in a final sense, on the over-all capacity of the economy. If we would plan for the future, we must envision it. Even though the field of economic forecasting is strewn with the bones of economic prophets, I venture the opinion that we should expect rapid economic progress, capable of supporting large expansion of welfare programs; but I propose that we should also arm against economic regression.

War and international interferences apart, we should expect—because of our vast resources—that our annual national output will move up in the next ten years

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from the present level of \$385 billion toward \$600 billion (in constant dollars). This could mean per capita income of about \$2,200 after taxes by 1965 (it is about \$1,620 now), average family income of about \$8,000 a year, and relatively few families with less than \$5,000 a year. With such increase in total output, poverty will decrease and, simultaneously, we will be able to afford vastly increased expenditures for welfare services. Indeed, if defense spending declines absolutely or even only relative to the mounting total output, welfare expenditures could increase by 200 or 300 per cent and yet not interfere with a large increase in the nation's support for other needed services such as health, education, housing for low income groups, and recreation. Moreover, it will be sound economics to use relatively more and more for welfare expenditures because an expanding economy should apply increasing proportions to services as against goods, and to transfer-payments that expand and stabilize purchasing power. The incidence of the costs must, however, be upon the whole community—national, state, and local—and the financing must observe the principles of broad participation and ability to pay. On this line of reasoning, the most troublesome problem in public welfare may prove to be not lack of funds to strengthen programs that are inadequate but shortage of qualified personnel.

With these population and economic perspectives, what can and should we expect for public welfare in the next ten years?

Income maintenance will derive primarily from gainful employment. For those who are forced to be without sufficient earnings, first reliance will have to be on social insurance. We can expect to have shortly not only old age and survivors' but also permanent and total disability insurance benefits. If these newer benefits are at first restricted to those fifty years of age and over, we should expect

to see this unwise limitation discarded soon after it comes into effect. Within the decade we will also have to face the problem of strengthening our system of unemployment insurance, rationalizing its finances and restoring its social and economic adequacy. Then the major risks without national provision will be temporary disability and the costs of medical care. The logical solution is a national program of unified and coordinated insurance benefits for all disability cases, permanent and temporary, and a similar program for medical care. But unwise leadership in the medical profession and in commercial insurance has made difficult the attainment of rational and social solutions for these risks. I expect that voluntary insurance schemes, serving some very useful roles, will continue to expand—for a while. But sooner or later, as their inherent inadequacies become increasingly evident, they will give way—to public insurance of wages lost in short-term disabilities, and either to comprehensive public medical-care insurance or to further growth of tax-supported medical services.

Perhaps it is also not too much to expect that workmen's compensation will become more a part of national social insurance and less a commercial preserve; and that the special provisions for veterans will be coordinated with the general program for the public as already begun for the armed services.

Private employee benefit plans will not long impede the development of public social insurance. I believe that increasingly they will become supplements to and not substitutes for public programs.

Expanded and strengthened social insurance will not end the need for public assistance. The present assistance recipients, unless arbitrarily converted into insurance beneficiaries, will decrease in number only slowly. Continued prosperity and more adequate insurance benefits will combine to reduce the proportions of aged,

unemployed, disabled, or sick who will need to ask for public aid. But there still will be many in the expanding labor force or among the increasing insurance beneficiaries who will be unable to meet unusual needs. And there still will be many broken families that will need income assistance. Under the continued whip of public indignation, assistance payments will become more adequate where they are below national or state standards of decent minima.

The financing of public assistance is likely to be changed so that federal aid to the states will be available on a variable matching basis with respect to all needy persons and all specialized welfare services, on an average basis and through block grants that do not insist on categories. We also have to hope that Congress will be persuaded to provide the same federal aid to Puerto Rico and the Virgin Islands as to the states generally.

Though I have spoken mainly of public insurance and assistance programs, I am not unmindful of the complementary functions that will have to be carried out by the voluntary agencies in the years ahead. I would suggest, if I may, that there are no new issues of principle or policy confronting us in this relationship.

I expect that as the public income-maintenance programs approach comprehensiveness and adequacy, the public agencies should and will expand their provision of services—for insurance beneficiaries as well as assistance recipients. Then they and the voluntary agencies will have broadening areas of common interest. Wisely developed, this can be healthy and mutually advantageous instead of a source of friction and conflict. Substantial overlap of interest does not have to mean extensive duplication of activity. New services of tested value that meet widespread need should increasingly be provided by the public agencies, freeing the voluntary agencies to concentrate their

more limited resources on specialized and developmental services. For the latter I have reference to such activities as counseling and adjustment services for individuals, families, and groups, specialized education, supportive services and recreation, research to expand the frontiers of knowledge, experimental and pilot programs for the testing of what is new, and education of professional and technical personnel and of participating lay associates. Obviously such prospective developments demand more, not less, joint planning by public and voluntary agencies.

I would especially urge that—when ever feasible—the emerging social services should be developed for all in the community who need and can profit from them; they should not be restricted to those requiring financial aid; nor should they be limited by criteria of race, creed, national origin, or citizenship, or by moral judgments of the underlying causes that create need for the service.

GOALS

Finally, I make so bold as to suggest ten specific goals that would be in keeping with these general perspectives:

A national system of contributory social insurance, comprehensive in its coverage of both jobs and risks, and with benefits adequate to ensure self-dependence in all common circumstances

A unified or coordinated program of public assistance, with federal financial aid—related to the fiscal resources of the states—to encourage and support adequate payments to all needy persons and with wide latitudes left to the states within the limits of national minimum standards

Corresponding federal aid for the development and support of specialized welfare services, including health services, with emphasis wherever practicable on prevention and rehabilitation, and available to all in the community who need and can profit from them

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Cooperation among welfare agencies, public and voluntary, in joint planning and use of community resources

Expansion and improvement of professional education and technical training for welfare services, guided by agency staff needs, and effective use of educational institutions by both public and private agencies

Sufficient personnel in public and private agencies, competent, secure in job tenure, and adequately remunerated

Emphasis on research and experimentation, with flexibility in adapting old practices to new ideas and methods

Further development of objective indexes of welfare needs and performance, and their periodic use in critical self-appraisals, intra- and inter-state comparisons, and program planning

Simplification of legal and procedural requirements and constant improvement of administration

Effective interpretation and understandable comprehensive reporting and accounting to the public.

Toward these goals, I suggest we should plan optimistically and without timidity, accepting large responsibilities boldly, not concealing our indignation over human suffering that can be prevented and human needs that can be met.

In this exhortation I am not unmindful of the troubles we shall see. We shall meet odious charges of creeping socialism, totalitarianism—and even worse. But we should be neither intimidated nor diverted. We do not preach subservience to the state. On the contrary, we plead for an effective service of the state to the population, and for a working partnership that strengthens not only all levels of government but also the voluntary agencies.

If we speak courageously as well as clearly, and if we act vigorously as well as wisely, we shall find that we have many allies and friends in our communities. With their help we can contribute to social progress, writing a new chapter in man's age-old quest for well-being and social security in an environment of freedom.

BY MALCOLM G. PRESTON, Ph.D. AND
EMILY H. MUDD, Ph.D.

Research and Service in Social Work: Conditions for a Stable Union

ALTHOUGH DISCUSSION, DEBATE, and controversy over the place of research in professional training and practice is a sign of life and vitality, it is highly important that they be centered on the basically vital questions. In the newer professions, particularly those which have their roots in the social sciences where knowledge is less certain and less well organized, such discussion is often preoccupied with a particularly difficult matter—the definition of research in ideal, theoretical, and abstract terms. Too often, however, the flickering light from the fire of controversy over ideal and abstract definition gives scarcely enough light to see by.

Whatever the advantages, the labored discussion of research in ideal terms seems to have critical disadvantages. Such discussions tend, as they become more and more abstract, to limit the participants—particularly as they shift from a concern with matters of substance and content to matters of methodology. Again, as so many writers have noticed, such discussions tend to be

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concerned with questions which, when answered, do not lead to research but rather to a whole gamut of feelings of satisfaction ranging from the kind which affect us when we have managed to exclude the parvenus from our club, to the more admirable kind which are aroused when we perceive the solution of a complex and difficult logical puzzle. Then, too, definitions in ideal terms, when given, rarely end discussions of the definition. A certain proconsul two thousand years ago asked for a definition of truth. No one answered at the moment but many have tried since, and the debate still continues—as can be seen by examining almost any issue of the *Journal of Philosophy*.

If discussions of research are to lead to research, it is better that they begin with examples of research. This is the operational view, a view which has been very influential in the recent history of all of the empirical sciences, from physics to sociology.

This point of view already has attracted the attention of thoughtful observers of the field of social work. Thus the Committee on Research Function and Practice of the Social Work Research Group in its 1951 Report wrote, "The essence of that which constitutes research lies in what is done, not in who does it."¹ A systematic look at what has been done in research in social work may provide a clearer impression of what constitutes research in this field.

¹ "The Function and Practice of Research in Social Work," *Social Work Research Group* (May 1955), pp. 5-6.

Research and Service in Social Work

FINDINGS OF THE STUDY

A few years ago a careful study and classification was made at Marriage Council of Philadelphia of all the titles in the 1949 and 1950 abstracts of the Social Work Research Group, and of all the original publications during the years 1946 to 1950 based on research of any character in 21 journals concerned with the problems of social work. This search led to the discovery of a total of 468 titles, each of which the author or authors at least regarded as an example of research. Examination of each of these studies for the purpose of discovering its object and focus disclosed a readily discernible pattern, the papers falling into one or more of seven classes. These were:

Researches for administrative purposes, designed to furnish information on characteristics of the caseload and other aspects of the function of the individual agency

Research on community need, designed to furnish information on the extent and intensity of community needs which are met with social services, including information on the numbers of people in need, their characteristics (for example, their age), nature of their need, and so forth

Research on community services, designed to furnish information on the nature and extent of existing social services

Validation and evaluation research, designed to provide information on the quality of service at the level of the individual agency, the community, the region, or the nation

Hypothetic-deductive research, in which tests are made of hypotheses having to do with phenomena of interest to social work, of which the effectiveness of structure and function in social work is perhaps the best example

Research for the production of aids to social service work, including investigations looking towards the formulation of

minimum family budgets, application forms, methods of recording, and so forth
Research related to education and training for social work.

The distribution of the 468 titles over these seven areas is interesting:

Titles	Percentage
Administrative research	17
Community needs	22
Community service	24
Service validation and evaluation	10
Hypothetic-deductive	12
Production of aids and tools for service	10
Education and training	4

It must be recognized, of course, that the foregoing figures are to be regarded as furnishing only the roughest guide to a conception of current on-going research activity. Undoubtedly there are many reasons for maintaining a decent reserve on them. Three of the obvious qualifications are: first, they contain no studies initiated in 1952 or later; second, they are at the mercy of selection—selection of journals, selection of papers from journals, and selection by the Social Work Research Group of the research programs to be abstracted in their admirable yearly report on on-going research in the field; and third, they are at the mercy of the judgments used in forming the classifications into which they were fitted. However, even making allowance for some changes in types of research since 1951 and for some errors of judgment all along the line, the results of this study are still useful in arriving at an operational definition of recent research in social work.

These results may be pondered in more than one frame of reference. The initial reaction may be that most of this is not really research: it is directed to specific needs, answering specific questions, and of real value to specific agencies or communities only. In other words, it does not meet the ideal as to what research ought to be. Discussion of this point would undoubtedly lead to a clarification of an ideal of research, but it would not lead directly to

an understanding of the work itself nor of the field in which the work was done. A more modest reaction will accept the work at face value and will ask what explains the various emphases revealed in the table.

Why, of 468 titles, are so many, perhaps as many as 80 per cent of the publications, directed to specific ends, specific questions, and of primary value to specific agencies or programs only? Granted that this type of study is needed, why do we find research designed to test carefully formulated hypotheses so relatively infrequent in the field of social work? In attempting to answer these questions, we find ourselves addressing the field itself, and perhaps on the track of issues which are contemporary, concrete, and capable of solution if adequately identified and intelligently attacked.

This is not the place to deal with this question definitively, but a single statement of an important principle will suffice by way of illustration. This is the principle that technical advance is often a prerequisite to the development of penetrating, well-focused research directed to the testing of hypotheses. For example, what is preventing progress in the study and identification of factors contributing to positive movement (results) in social casework? First is the fact that movement indices, while reliable, have not yet been shown to be valid. If the celebrated index developed by Hunt,² Blenkner, Bartelme, and Kogan, and the other less well-known index developed at Marriage Council of Philadelphia,³ turn out to have validity only at the level of client experience, a difficult technical problem primarily relating to the theory and practice of recording will confront the field as a prerequisite to further progress. Second is the fact that the identifi-

cation and assessment of the influence of the factors which function in casework is in an entirely rudimentary condition. Much technical work remains to be done before even the most elementary of experimental designs can be applied to the fundamental problem to which the workers at the Community Service Society of New York and Marriage Council of Philadelphia have addressed themselves.

This is an illustration of the technical difficulties to be faced before well-integrated research can develop in social work. How research develops and comes to exert its influence in social work will depend on how successfully we identify the obstacles encountered by persons doing the research. Pondering these difficulties will not remove them, but it may lead to reducing them to levels which will permit the technical advances prerequisite to "basic" research in social work. Such research requires the recognition of substantive knowledge as a basis for hypotheses formation, the acceptance of the place of quantitative methods, and the interplay of two kinds of questions which scientists generally face—questions of definition and of fact.

OBSTACLES TO AGENCY RESEARCH

Social work deals with the interaction of a variety of factors: the client or participants in a program, the professional worker, and the environment, including both the agency setting and life in a community. To do "basic" research, the goal of which is related to the impact of the service given to individuals, is thus no small order. The first step would appear to be to describe what the service consists of, its goals and its assumptions, as well as the theoretical basis for these assumptions. This first step clearly involves definitions. With this substantive knowledge as a base, one is then prepared to move on to the statement of theories as to the interaction of the relevant factors. These theories must in turn be

² J. McV. Hunt, "Measuring Movement in Casework," *Journal of Social Casework*, Vol. XXIX, No. 9 (November 1948), p. 343.

³ Malcolm G. Preston, Emily H. Mudd, Hazel B. Froscher, "Factors Affecting Movement in Casework," *Journal of Social Casework*, Vol. XXXIV, No. 3 (March 1953), p. 103.

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stated or broken down into researchable terms. The formulation of hypotheses is then possible. It is at this point that research attitudes and techniques as such become important. Obviously the work that is implied in the entire process requires the active participation of key individuals in any agency undertaking this type of research. The research specialist is not enough; involved also are the client or participant, and a cross section of the agency staff if not the entire staff.

The obstacles in doing such research are thus of two types: (a) those arising from the nature of the subject matter of study, for example, human behavior; and (b) those arising from the situation in which most of the research must be done, for example, an operating service agency.

Obstacles of the first type are not unique to social work for they also exist in the social sciences and to some extent in medicine. In commenting upon the rate of progress in research in the study of human beings, Cochran, the statistician, mentions as two of the most important factors the tools of measurement that the research worker has at his disposal and the general methods of investigation available to him. In discussing the former he says:

Not only have we to measure fairly the concrete attributes like the state of disease in the individual (which the doctors will assure us is not easy to measure well), but we need to classify and if possible measure many things that are hard enough to define in the first place, like motives, morale, intentions, feelings of stress. This means a vast undertaking has had to start from the ground with rude homemade tools. Thus far, for want of anything better in sight, we have obtained our raw data mainly from what the individual tells us. And the recording instrument has usually been another individual.⁴

⁴ William G. Cochran, "Research Techniques in the Study of Human Beings," *Millbank Fund Quarterly*, Vol. XXXII, No. 2 (April 1955), pp. 125-26.

The obstacles implied in these comments, although they are not unique in social work, are particularly applicable to research in this field. Other obstacles, inherent in the situation in which most of the research in social work must be done, are so obvious that it is almost necessary to apologize for mentioning them. Yet they must be put on record once again so that, as has been stated earlier, they may be pondered and perhaps reduced by deliberate action.

A concrete research experience illustrates these obstacles and provides some encouraging evidence as to how they may be overcome or reduced. Certain of the obstacles are inherent in the fact that the focusing purpose of the large majority of social agencies is service to the community. This service is prescribed by current cultural expectations and requirements and is delimited by the agency's area of specialization, be this child guidance, family service, old age service, the program of settlements, or any of the other specific services. The educational standards for staff training and the criteria for personnel management are set by the agency, the local council of social agencies or community fund, a national organization, or perhaps even by a social work union. The particular agency can go only as far as is permitted by the abilities of its staff and board. Staff abilities are limited by their skills in practice and their attitudes in undertaking new approaches toward learning. Board ability is determined in the main by the open-mindedness of its members, their grasp of social pathology, their up-to-dateness, their strength, their constructive critical facility, their adventuresomeness, and their concept of where their agency contributes to abating or preventing the particular conditions for which it is organized. The economics of the overall situation, the funds available for the agency support, exert a general control and stimulation. In this broad view of agency possibilities and limits, the relatedness of the executive director to the past, the pres-

ent, and the future, his open-mindedness and commitment to find answers to how practice is carried out and what results it brings, are of vital importance in the development of agency program.

If we agree that the basic core of social work service is adequacy in practice, have we not then partially answered the question whether social agencies should actually undertake research in the true sense of the word? Research is defined by Webster as "critical and exhaustive investigation or experimentation having for its aim the discovery of new facts and their correct interpretation, the revision of accepted conclusions, theories or laws, in the light of newly discovered facts." This very definition is potentially antithetical to the acceptance of the status quo. It is committed to an exploration of the known to determine possible paths to what is as yet unknown. Anxiety is a natural concomitant to such a commitment. In addition, research processes under any circumstances are time-consuming, highly expensive, and intellectually and emotionally demanding. In a clinical service the difficulties of these processes are vastly enhanced.

It is our conviction that the average social agency, because of these conditions, should not undertake research. This conviction has grown through experience in a service agency involved for the past seven years in living and working with a program of formal research which has led to the following observations:

1. The average social agency, meeting currently recognized standards, is staffed with workers holding Master's degrees in social work. Except for those few exceptions where a student has had a field placement in research, social work students have spent two intensive years in being trained for skill in practice in working with people rather than with abstract ideas.

2. Such students have been through a severe process of selection before acceptance for this training. Selection and training, by and large, are said to stress personality

characteristics of an intuitive nature. It is also reported that most student problems come at the level of development of adequate practice skill during field placement rather than in ability to meet course requirements.

3. The identification of the logical versus the intuitive emphasized in basic research training does not represent a superficial attribute of a particular person. Rather as a person's work stresses one set of values in contrast to others, the attitudes associated with this daily activity may become more and more deeply ingrained. The person whose work stresses intuitive gifts tends to develop cherished and fundamental attitudes associated with a set of values attributed by society to the artistic person. Asking such a person to participate in research may quite naturally touch off feelings that threaten a way of life in which value is placed on an essentially free-roving method of working, with its complementary feature of resistance to interference or required changes in clinical procedures.

In substantiation of the point of view that *every* social agency and social worker should not be expected to be involved in research, some findings from one social agency's research experience furnish concrete evidence of the complexity, in terms of staff and board reactions, of such a service agency undertaking. In spite of published facts indicating that the large majority of clients at Marriage Council of Philadelphia are not disturbed by formal research tools,⁵ studies of staff reaction indicated:

1. Greater anxiety on the part of social work and psychiatric staff than on that of social science trained staff to the use in practice of research tools such as schedules, recorded interviews, analysis of records by other than the worker on the case, one way mirrors, and other evaluative techniques.

⁵ Emily H. Mudd, M. G. Preston, H. B. Froscher, W. L. Peltz, "Effects on Casework of Obtaining Research Material," *Social Casework*, Vol. XXXI, No. 1 (January 1950), pp. 11-17.

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2. Anxiety on the part of board concerning two things: the "betrayal of client confidence" as a result of research experimentation, and the channeling of funds away from service.

3. Anxiety on the part of the executive in relation to the differing basic loyalties involved in three main areas: support of staff in intuitive practice skills, dedication to the acquisition of knowledge based on facts, and communication between staff personnel from social work practice, from social science, and from the board.

On the encouraging side, research findings at Marriage Council indicate a decrease in anxiety and its concomitant blocks to obtaining research data as experience brings familiarity with the new processes and techniques required in practice by the research. In addition, findings at the first-hand level verified three important points: (a) the problems of conducting research in a functioning agency were not client-centered, (b) they were staff, executive, and board-centered and (c) shifts in attitude could not be effected in staff, executive, or board by administrative order, but rather had to evolve through first-hand experience which requires time and infinite patience, and is very costly.

The experience reported from Marriage Council^{6, 7} has been reported also by Blenkner at Community Service,⁸ by Redlich and

Brody at Yale,^{9, 10} and by other well-known centers. However, this evidence of difficulty from varying sources does not mean that social agencies and schools of social work have no responsibility for research. Rather, it would seem to bring the responsibility into clearer focus. Social work, as other professions, must take responsibility for evaluating its training, its practice, and its results. "Considering the large number of persons who are receiving relationship therapy in one form and setting or another, and the huge sums expended for it under public and private auspices, it is indeed remarkable that there has not been a more generalized and concerted interest in the validity of the basic premises on which such help is rendered. Neither does there seem to have been undue curiosity on the part of the those receiving services, frequently at considerable expense to themselves."¹¹ To analyze practice, the basic theories and the foundations on which practice is based must be submitted to rigorous and systematic test. Such a process takes time, patience, much money, and a staff which ideally should include persons trained in the social sciences on the doctoral level.

These conditions seem to lead to a logical conclusion, namely, that it is not feasible to conduct formal research in the run-of-the-mill social agency. Such research should, however, be encouraged in every way in an increasing number of key agencies where hopefully a close working relationship is effected with a university-connected school of social work and university graduate de-

⁶ H. E. Mitchell, M. G. Preston, E. H. Mudd, "Counselors' Attitudes Toward Technical Aids to the Counseling Process," presented at Annual Meeting of American Psychological Association, September 1954, *Social Casework*, Vol. XXXVI, No. 4 (April 1955), pp. 165-174.

⁷ H. E. Mitchell, E. H. Mudd, "Anxieties Associated with the Conduct of Formal Research in a Clinical Setting," presented at American Orthopsychiatric Association Annual Meeting, March 1955, Chicago, Illinois, in press, *Journal of Orthopsychiatry*.

⁸ Margaret Blenkner, "Obstacles to Evaluative Research in Casework," *Social Casework*, Vol. XXXI, Nos. 2 and 3 (January and March 1950), pp. 54-60, 97-105.

⁹ E. B. Brody, R. Newman and F. C. Redlich, "Sound Recording and the Problem of Evidence in Psychiatry," *Science*, 113, No. 2936, April 1951, pp. 379-380. See also M. Gill, R. Newman, and F. C. Redlich, *The Initial Interview*. (New York City: International Universities Press, 1954).

¹⁰ F. C. Redlich and E. B. Brody, "Emotional Problems of Interdisciplinary Research." To be published.

¹¹ Kurt Freudenthal, "Need for Research in the Area of Treatment Relationships," *Social Casework*, Vol. XXXVI, No. 8 (October 1955), pp. 369-71.

partments in the social sciences.¹² Through these connections, also hopefully, agency personnel may be drawn whose attitudes are open-minded toward interdisciplinary biases, and whose self-awareness enables them to resolve the concomitant anxiety engendered by interdisciplinary research.

It is to be hoped that every school of social work would be involved in such programs through both teaching and faculty participation. As Katherine Lower states, "Research courses should certainly be examined with a constructively critical eye, but so too should the teaching in all courses in the schools. Research cannot be a thing apart. The spirit of inquiry must pervade the whole teaching field if the search for new knowledge is to be advanced. Teachers in other fields of specialization should no longer boast that they know nothing about research."¹³ And every social agency, although not expected to undertake such a program, should share in the responsibility for cultivating attitudes of open-mindedness to difference and change on the part of its executive, its staff, and its board. Every agency also should participate in the responsibility of experimenting, in its practice, with new approaches as these are indicated by research findings.

In this connection, already published research has been instrumental in suggesting changes in certain areas of practice such as the elimination of useless record keeping; the charging of fees as an asset to practice skills and casework dynamics, as well as to agency economics; the use of time limits as a dynamic in the helping process; the application to groups of clients of skills developed in helping individual clients; and experimentation with methods of reducing

¹² Emily H. Mudd, "Psychiatry and Marital Problems," *Eugenics Quarterly*, Vol. II, No. 2 (June 1955), pp. 110-17.

¹³ Katherine Lower, "Responsibilities for Research in the Profession of Social Work," paper given at the Meetings of the Council on Social Work Education, Chicago, Illinois, January 28, 1955.

agency budgets on the basis of cost studies.

And finally, of primary importance, agencies in general need to be able to find young social workers for practice whose attitudes accept research as an essential to a developing profession, who are open-minded to experimenting with new approaches resulting from research, and who have a degree of awareness of related social science personnel as allies rather than as threats. The development of such workers is dependent on their graduate school training and subsequent supervised job experience. In particular, in the specially equipped agency whose program includes basic research, staff is needed on the doctoral level. Such staff, when from social work training, should have the ability to communicate with persons from other fields. When such staff are from the social sciences, it is hoped that they will have acquired, in addition to training in research method and the ability to communicate with persons from other fields, understanding of clinical skills as well as their own bias. Staff of this caliber should be able to conduct the examination of practice with sufficient skill so that the agency is not overly threatened.

Adequate training of such personnel is the combined responsibility of schools of social work and graduate schools of arts and sciences. With enthusiastic motivation from each of these groups it is to be expected that social work research will take its essential place in an on-going professional discipline. And as these scientific influences progress, the profession of social work will continue to bear in mind the vital importance of its relation to human beings and their ultimate welfare. As Nathan Cohen so cogently states, "The clearest and most complete knowledge of 'what is' does not provide the answer to 'what should be' the goal of our human aspirations."¹⁴

¹⁴ Nathan E. Cohen, "Professional Social Work Faces the Future," *Social Work Journal*, Vol. XXXVI, No. 3 (July 1955), p. 85.

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BY VIOLA PARADISE

A Do-it-Yourself Approach to Social Work Interpretation

EACH YEAR SOCIAL WORK is presented, one might almost say confronted, with new opportunities to reach the wide, general public through television, radio, newspapers, magazines, sometimes even films. We take only a limited advantage of these opportunities, and often when we do, or when someone does it on our behalf, the results dismay us, for what the public gets tends to be disappointing, sometimes dull, sometimes untrue, often misleading. We have difficulties even when, through some foundation grant or other gift, we are in a position to guide the production. There are, of course, noteworthy exceptions—the series Family Close-up, for example—but these are sporadic and there are not enough of them. Mostly we fail to convey to the professional writers in the wide circulation fields the essence of our work, the conviction of its value, and its potentialities for wide appeal, although we have excellent material to offer, not only in the casework field but in group work and community organization. I can think of no situation in literature which does not in some way find a parallel in the experience of social workers. But comparatively little social work knowledge and experience finds its way into the written, spoken, or visual media of general communication. Why?

VIOLA PARADISE is a free lance writer who is known to many social workers as author of *Toward Public Understanding of Casework*, published by Russell Sage Foundation, and as a lecturer on interpretation in several schools of social work. Her recent novel, *Tomorrow the Harvest*, reflects her interest in and concern with social problems.

We all know that to grow into its widest usefulness, social work requires a good quality of public understanding and public esteem. Those who need our services must learn where to find us and how we can help them. Those who support our services must know these things too, if they are to go on enabling us to help people and to increase the scope and quality of our work. And the general public must have some accurate knowledge of what we do, so that when we raise our voice for legislation or other social action, our experience and opinion will carry weight; and so that when new measures, public or private, are being considered, our knowledge will be called upon and used.

A NEEDLESS OCCUPATIONAL DISEASE

We know these things. Then why aren't we better at creating public understanding and esteem? I think it's because we suffer from an unnecessary occupational disease—a complex of inferiority feelings.

This paper, addressed to you as colleagues in aiming toward better understanding of social work, will not tell you how to write television dramas, not even how to prepare news releases or special articles. But it will, I hope, make it possible for you to overcome much of your frustration and to marshal your material so that you can pass it on to the professional writers for wide circulation media; and so that you can use it yourself, not only in agency publications, but in your everyday conversations. And by *yourself* I mean not only the executive,

or committee, or the public relations specialist, if your agency has one, but all of you. For, as has so often been said, you all are "interpreting" much of the time, whether well or badly. Each of you is a pivot of opinion. What you do and what you say, as well as what you may write, creates or fails to create knowledge about and interest in your work. Interpretation is not a matter which can be left to a few individuals. Some part of it is everybody's job.

Each year we help uncounted thousands to cope with their problems, to find their way toward a more comfortable, useful, and satisfying existence. We help communities to reorganize their services so that more and better help can be provided. And yet, when circumstances force us to talk about our work too many of us are defensive, sometimes evasive, reluctant, and often inadequate.

Am I exaggerating? Think back to the last time someone asked "Just what do you do?" Or, "What is casework?" (or group work or community organization). How did you reply? Did you give some specific information which helped the questioner visualize some part of your work? Or did you try to provide one of those cover-all definitions which are understandable only to those already "in the know," and which put upon the listener the burden of *imaging* how they are applied? And when you were answering their inquiry, how did you feel?

Many of you felt at ease, and glad of the opportunity to tell about your work. You are the happy minority. In my twenty-odd years of giving courses, workshops, and institutes in the public relations of social work, or social work interpretation, I have found the overwhelming majority uncomfortable and dissatisfied with what they have been able to say. This was true not only among students in schools of social work and young social workers, but even to a greater extent among the more experienced and among participants in seminars and institutes limited to supervisors and

executives. Their reports on their feelings in past conversations have ranged from "I felt I missed an opportunity," to "I always get that drowning sensation when people ask about my work"; from, "How can we give them a knowledge of what we do in a few minutes?" to "I don't even try. I think people ask only out of politeness, and don't really want to know." And, a frequent report: "I tried to tell my family what I do, but I gave it up."

Of course there were many reports of confidence and ability to give excellent answers, but the ones I've quoted represent a widespread if not prevailing feeling of inadequacy, a feeling sometimes expressed, often implied, that "people in general don't like social workers or social work." And this despite the fact that every year hundreds of millions of dollars are contributed or appropriated to support the work of the thousands of agencies in which an estimated 75,000 social workers ply their profession. These dollars testify to a lot of liking, or at least approval. We really cannot justify the nobody-loves-me plaint.

True, some people, probably many, don't like social work or social workers. Some attack us in magazine articles or newspaper editorials. Some are scornful of our clients, of any who "can't solve their own problems." But most people neither like nor dislike us; they know nothing of our work. (How can they? We tell them so little!) For the most part they assume that we are necessary. They take us on faith.

WHAT CAN WE DO TO MEET CRITICISM CONSTRUCTIVELY?

If we had more of that very quality, faith and confidence in our work, it would help us in every phase of public relations. It would enable us to meet attack or disapproval with information rather than anger or argument. It would help us to endure whatever dislike we cannot now diminish. Doctors aren't unduly "thrown" when medicine is attacked. Nor do they go

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around wringing their hands because they have not cured, say, the common cold. Why must we suffer a burden of guilt because we haven't solved many of the problems with which we wrestle? A strong confidence in our profession would help us over many of the hurdles of interpretation.

"But that's just the trouble," said one student, representative of many. "We lack that very confidence. We know we're not good enough. We often fail."

Of course we're not good *enough*. Of course we often fail. Of course there's a great gap between what we wish to accomplish and what we do accomplish. But perhaps, even at this stage in our knowledge and skills, we are better than we realize. Otherwise so many people would not be coming to us for help—many eager to pay for it, many willing to go onto waiting lists until we can find time and staff to help them. Otherwise we would not be even as well supported as we are. Without undue satisfaction in our accomplishments, we must be *aware* of them. Not only of what we have been able to do for individuals, but of the many social advances which social work knowledge and action have helped to bring about.

You will have noted that I ask particularly about your experience with *conversations*. This is because conversations provide our most frequent opportunities to secure understanding and interest—hundreds of opportunities for every one to do a piece of writing or public speaking. And because, too, conversations are the best way to train ourselves for other kinds of interpretation. By taking advantage of every chance to tell an individual about our work, we can learn what interests people most, and how to choose from our experience the things to tell. What's more, all our professional lives we are going to have to answer questions about our work. And so we had better learn now how to provide some satisfying answers—satisfying to ourselves and to our questioners.

TRY THIS

An exercise—one of many—which students and institute participants have found useful is this: Imagine yourself at a dinner party tonight. The person next to you may be anyone you choose—lawyer, housewife, doctor, high school student, whatever. He says, "So you're a social worker. Just what do you do?"

Now write down the *first three sentences* of your reply. And write them as nearly as possible at the same pace you'd be giving the answers in conversation.

(The reason this particular exercise asks for only three sentences is to stimulate a standing jump into your material—to stimulate you to begin at once to be informative, possibly even interesting.)

Now examine what you've written. Have you provided your questioner with some knowledge he didn't have before? Have you given him some real idea of your work?

All too often the answers run like this. "Well, it's hard to explain. We don't tell people what to do. We try to help them with their problems." Or, "I work in a public relief agency. Contrary to general opinion our clients haven't mink coats and aren't chiselers. They're in real need." Such replies tell mostly what you don't do, what your clients are not.

The stimulus for such negation is the memory of attacks upon us, or upon our clients. Or of the change between today's social work and that of the past. We are too concerned with what people *think* about us. We should be more concerned with what we can help them to *know* about us. A denying or argumentative answer or piece of writing carries little conviction. Often it creates mistrust or doubt in persons who bring an open mind to the subject. If you can assume—and you can, for it is true—that social work at its best is valuable and valued, you will find at your tongue-tip many more than three sentences of useful and current information. You need not then waste energy in trying to

counteract opinions rooted in the past, or in prejudice, any more than you need to keep on fighting the Civil War. The time to begin is now. With confidence and information, you can easily cope with disapproval and even antagonism. When someone asks, "Aren't you simply encouraging dependency?" you can reply without rancor, "No, on the contrary. For instance—." When someone says, "Those reliefers are all chiselers," you can reply, "Our experience shows that the chiselers are few. This is what one must do to get onto the relief rolls—." When someone says, "Your work is simply palliative," you can say quietly, "Yes, much of it is, and there's nothing wrong with the easing of distress. But often we can do more than that. For instance—." And when a famous author writes a magazine article unfairly attacking, say, adoption agencies, you can, without going into a panicky rage, write a clear, competent, dignified letter to the editor, pointing out the fallacies, *giving accurate information*, and asking for another article which would show the picture truly. Enough of such letters would accomplish the purpose. Sometimes a single one will do it. One ex-student of mine wrote such a letter (on a different subject) to a newspaper editor, which not only got published but produced an editorial, presenting a changed point of view.

IT'S EASY IF YOU KNOW HOW

One frequently included sentence in the exercise given above, (and in others) is "Our work is hard to explain." On the contrary, if you have a clear idea of what you want others to know about your work, and this applies to all fields of social work, it is fairly simple to tell about it; even, in those cases where telling is not enough and some interpretation is needed, to interpret it.

The trouble is that for the most part you'll have to teach yourself how to do it, for despite emphatic professions about the importance of public relations and inter-

pretation, only a tiny percentage of the social work population gets training for them. Some agencies have developed skills in this field, some employ specialists, some give leadership to their staffs. But most of them feel that, in the pressure of their minute-to-minute work, they cannot squeeze in the time for it. Even our schools of social work, while subscribing to the importance of public understanding, give it little more than lip service. Few of them find room in their overcrowded curricula for courses in this subject. I hope the day will come when both agencies and schools will budget their time to correct this lack. Meanwhile it will have to be a do-it-yourself job.

Besides a basic confidence in our work—lacking which we'd better get another job—we need only these three essentials: awareness of the interests of our audience, knowledge of our material, and clarity of purpose. When we fall short of success it is because we neglect one of these. If we use our specialized and alienating vocabulary, it is because we are not sufficiently aware of the interests of our audience. If we cannot illustrate what we have to tell by pertinent example, we neglect the wealth of our material. And if we undertake any piece of interpretation without having in mind what we wish to accomplish by it, we achieve little understanding of our work.

We need all three of these requisites for every piece of interpretation, and we need them simultaneously. But let's begin with audience awareness.

AWARENESS OF THE INTERESTS OF OUR AUDIENCE

Our training teaches us to be aware of the interests and preoccupations of our clients. We need this same awareness for our audience, whether in simple conversation or in writing. In the three-sentence exercise which you have just tried (or not tried) you would have selected different material if, instead of a business man, you'd have been talking to a school principal, or a pro-

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bation officer. An effective speech to a PTA group might well use material different from that used for a group of doctors. An article for the general public could draw upon some of the information used for special audiences, and use other material, too. For each purpose you select that which will create the deepest or the widest interest and which will best accomplish your aim.

Perhaps sometime you'd like to try an exercise or two in audience awareness. Here is how one student approached the assignment—to write a letter to someone who knew nothing about social work, but who had asked about it—in this way:

Dear Shirley:

You ask what I do. Its a long story but briefly . . . I help a frantic mother to find out what causes Johnny to act like a hellion, when she has given *every hour* of her life to him since he was born!

I help an unmarried mother to think clearly whether she *wants* to keep her child, and to understand what it will mean to him and to her if she does.

I help a needlessly shamed mother to accept the fact that *her* son will always be different from the children of her friends, and to feel that she is not neglecting him but is protecting him by providing for him a life free of competition with normal children.

These and a thousand other things are in my job.

Another student addressed not an individual but a group. She prepared a pamphlet for doctors on the staff of a city hospital. Its purpose was to acquaint the medical staff with the work of the social service department, and to persuade them to use it. Here is its beginning:

Sickness means more than broken bones, crippled joints, diseased organs. It affects a person's whole body; his family, job, community; his security and happiness. And so the problem is not just healing physical illness, but treating a person with a sickness.

You remove Tom Brown's appendix, but what about his family while the patient is incapacitated?

You deliver Mary Jones' baby, but what is she to do with her out-of-wedlock child?

You cure aged Mr. Reid of pneumonia, but where can this homeless man go for necessary convalescence?

You fuse Mrs. Levy's spine, but will the operation be successful if she cannot purchase a surgical belt?

You recommend surgery to save Mrs. Evans' life, but how can she leave her three youngsters?

Mr. Rawley's heart condition is improved, but can he resume his former mode of living and employment?

Why does Mr. Roddy miss clinic appointments and ignore diet instructions?

After these questions, the student gives, in brief sentences, a list of services of the social worker and shows, through illustrative case material, how these were applied in individual instances. In conclusion she asks, "Are your patients worried or frightened? Why not call on Social Service to help with the economic and emotional problems that accompany sickness?" And all this in about 500 words—brief enough for a busy doctor to read.

Both of the above-quoted student papers had all three requisites for good interpretation—an awareness of the readers' interests, a knowledge of material to be drawn upon, and a clear purpose.

CLARITY OF PURPOSE

In all our telling or writing about social work, we must know what we wish to accomplish. Do we want to show the kinds of *problems* which are brought to us, or our *methods*, or our *results*? Do we want to persuade someone or some group to *action*—an editor, say, to back a certain piece of legislation; or a business men's group to use its influence for more and better psychiatric services in juvenile courts? Do we want to find more foster homes for children who must for a time

be separated from their own parents? Do we want to show how a seemingly bad mother, after she had been helped through her panic and anxieties, really gave her child good care? Do we want to show how a group worker transforms a chaotic aggregation of individuals into a group where the timid find courage to take active part, and the show-offs discover satisfactions in being members of a group, and in contributing to the enjoyment of the group as a whole? Do we want to show how community organization helped to bring about the elimination of a neighborhood's overlapping services and the establishment of needed new services?

To know clearly what we wish any piece of information or interpretation to accomplish is our compass toward the best direction to take, and the best selection of material to take us there. It shows us, too, *how much* material we need. We don't have to "tell all"—only enough for our purpose.

A KNOWLEDGE OF OUR MATERIAL

Social work has almost unlimited material. Everything we do or know is grist to our mill. But are we aware of our wealth? At community chest drive time, can we provide the substance from which the chest publicity department may present accurate and representative pictures of our work? When annual report time comes, do we have at hand a good supply of material to draw upon? When we are offered the chance of television or radio presentation, or a feature newspaper article, can we provide the writers with a wide choice of material? We have it, but all too often cannot put our hands on it.

Our basic material is the case story. This can be the story of an individual, of a group, of a community. Whatever we have to say grows out of our agency's experiences—one experience plus another plus another.

A book could be written about the case story; among many other aspects, about its uses in public relations. How to select the illustrative cases? How to protect confidential material? How much to tell? What to leave untold? This paper has time only to look into ways of uncovering our hidden wealth.

Common complaints, whether of students or of experienced social workers, run like this: "I haven't any good case story material, my cases lack the right endings." Or, "the persons in mine wouldn't appeal to the public." Or, "those I have would take too long to tell." Or, "there's no drama in mine."

Here is one assignment which has been found productive in uncovering case story material, and which sometimes you might like to try: Take *any* case—family, individual, or group—with which you have been working over a specific period, and write a three-paragraph summary. In the first paragraph give the situation when the family, or person, or group came to your agency. In the second tell how your agency helped. In the third tell what the situation is now, or was at closing. (And all this in 300 words or less.) Next list, in a few brief sentences, the things this case illustrates—the specific problems, the success or failure of a method, the reasons for the success or failure—whatever.

After this exercise one student said: "I thought I didn't have a single useable case story. But really every case illustrates something I want people to know." Another said, "I guess I've been looking for story book endings, instead of seeing the value of what in reality we have accomplished." Sometimes, too, such a summary reveals reasons for success or failure in particular instances, and is useful not only for public relations, but in helping us to look afresh at our methods.

This article hasn't space to quote from the three-paragraph exercise. Another one, however, (given after students had had some time to realize the extent of their

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material) may be useful to you. The assignment was this: To answer the question *What Is Casework?*, use some brief one-sentence illustrations. Then in a sentence or two give a descriptive definition of casework.

Here is what one student wrote:

It's helping Mrs. Jones find a lovable little girl underneath the layers of rebellion and naughtiness, dependency and fear, that have made her Susie such a problem at home.

It's discovering with intelligent ambitious Mrs. Smith that her Johnny isn't the stupid child she fears he may be, but only a badly frightened child, who, with her help and ours, can compete with other children.

It's finding a home for Mary Carter while she awaits the birth of her baby, who won't have a father, and finding with her the best way of life for them both when he's born.

It's standing by to help when Mr. Johnson realizes he must send his wife to the State Hospital, helping him plan and gather strength to face things again and then make a very different but still satisfying life for himself.

It's fitting together the pieces of their marriage with the Blakes when they feared they couldn't even find the pieces—and it's helping the Browns discover they can still have a good life although divorce is the only way for them.

It's liking people and listening to them and letting them know you like them by helping them, in a friendly way but with professional skill, to find their own ways to solve their difficulties and to work toward happier, more productive living.

It's understanding the troubles, big and little, that burden people and helping them get rid of some of them.

You all have material analogous to this, haven't you?

Of course the case story need not be as

brief as those cited in this paper. Its length will depend on the use you wish to make of it. You may need several pages, or a single sentence, or anything between. I have quoted only brief examples for two reasons—one because of space limitations, and the other to show how much can be said briefly. And because ability to say things briefly is one we all need to acquire.

I had meant to include a section on the unfortunate vocabulary of social work. But perhaps this is unnecessary. The ways to avoid using social work lingo, both in talking and writing, are implicit in what has already been written here. With confidence in our work, we won't be driven to take refuge in elaborate words. An awareness of our audience will be a further deterrent. A clarity of purpose and a knowledge of our material will help us select what can be told in language which anyone can understand. Simplicity and lucidity are paramount. As that standard and much-drawn-upon authority—the Bible—says, "Unless ye utter by the tongue speech easy to be understood, how shall it be known what is spoken? For ye will be speaking into the air." (I Corinthians, 14.)

IN CONCLUSION

What can we expect of all social workers in the way of public relations? Not that they should be able to write professionally for radio, television, or the press; but that they should know their material, and know what parts of it would interest special and general audiences. That they should be able to answer questions about their work—whether these questions have to do with the way they help individuals or groups or with the policy of their agencies and indeed the whole field of social work—with confidence and clarity, accuracy and pleasure.

BY CHAUNCEY A. ALEXANDER AND
CHARLES McCANN

The Concept of Representativeness in Community Organization

SOCIAL WORK, DURING its evolution as a profession, has developed or used numerous working concepts, among them that expressed by the terms "representativeness," "representation," and "the representative." This concept figures prominently in a particular area of social work practice, namely, community organization work. It usually refers to the role an individual carries from one group into another.

Examination of this concept in social work reveals significant contradictions. This paper attempts to delineate the various ways in which the concept is applied in practice and to examine some of the resultant implications.

Most community organization activities, particularly in their initial phases, concern themselves with the "representativeness" of the group through which the community organization process is to be effected. "First, we will get together a *representative committee*." "She is *representative* of the Negro community." "That agency has a very *representative* board." These are familiar phrases to every social worker; they give a democratic aura to our work which is both

philosophically reassuring and accepted as consistent with democratic theory.¹

In addition to characterizing certain organizational attributes of the group, the concept has come to be used to undergird important definitions in community organization theory. For example, it is used as basic to the following definition by Green: "The structure utilized to carry out the social intergroup process is a group made up of individuals who represent, or are representative of groups in the community."² Examination of other theoretical formulations reveals a similar dependence upon this idea.

The wide variability in the application of the concept is clearly illustrated in the following excerpt:

¹ Historically, the inequities of taxation were subjected to critiques from natural rights and utilitarian doctrines, with the resultant development of the political theory of representation. As one writer puts it, "Englishmen would not stand taxation imposed without their consent through representatives in Parliament assembled." This is the "consent of the governed" principle. Modern democratic theory goes further in postulating that each member of the community has something to contribute to that community. J. S. Mill deftly argued that if the people are ruled by an oligarch or an elite, no matter how efficient, the latent capacities inherent in the individual remain untapped and the individual and his society lose his maximum contribution. While representative government has been highly developed and sanctified in the United States, there still remain many problems and unsettled questions as to the final form of socio-political organization that will stimulate and maximize the capacities of the individual and the group.

² Helen D. Green, *Social Work Practice in Community Organization* (New York: Whiteside, Inc., 1954), pp. 35-36.

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An intergroup may be composed entirely of representatives like Mr. H. who came instructed by their groups and must report back to the group before they can vote in the council; it may be made up entirely of representatives like Mr. M. who are representatives of groups or interests in the community and who have no official relationship to the council through a group; or it may be composed of representatives of the type of Mrs. C. (She is free within the framework and policies of the Civic Club to vote in the council in what she considers to be the interest of the Civic Club.)³

Although "representativeness" obviously refers to highly important qualities or characteristics of the individual or group, recent social work literature reveals little in the way of detailed and critical examination of the concept. This situation is not consistent with the extent to which the field uses and apparently depends upon the concept to dictate practice.

As a word, "representativeness" is usually found in the literature in a broad context that does not make clear its true meaning. In reference to boards and committees the term has been variously equated with "diverse interests,"⁴ "difference of viewpoint and diversity of belief,"⁵ or even in a more general fashion, as "all the groups or interests which make up the agency."⁶ It has also been broadly stated as an organizational principle. Sorenson writes that "Agencies are served better when many points of view are *represented* on boards. This does not hold true," he cautions, "if representatives of special groups join boards

to serve other purposes than those of the agency."⁷

The previous examples illustrate that the term "representative" is often used without indication of its specific context; and the manner in which the term is used suggests two entirely different meanings. It is the contention of the writers that this dual meaning, and the multiple and confused use of the term, makes it important to examine this concept in community organization in social work.

A DUAL MEANING

Two distinctly different concepts emanate from the adjective "representative" or the noun "representativeness." The first of these is a socio-political idea and refers to the *authorized functioning or acting by one person in behalf of another or others*. The second comes from a statistical frame of reference and has to do with the *quality of being typical or typifying a group or class*. Both, found in social work practice, need clarification.

The socio-political definition of "representativeness" can be readily demonstrated in the community organization activities in social work. It is most clearly revealed in the role of the professional worker providing the agency service to clientele. In community organization, the worker may be the staff member of such agencies as a community welfare council, a sectarian planning federation, a neighborhood council, or a health education agency. The worker carries the authority and responsibility for the professional process. This idea was most clearly stated by Pray:

There is, however, one unique and decisive factor in the setting within which the social worker operates, which profoundly affects his use of himself in the helping relationship. That is the fact that he is *representative* of a social

³ *Ibid.*, p. 37.

⁴ Wayne McMillen, *Community Organization for Social Welfare* (Chicago: The University of Chicago Press, 1945), p. 69.

⁵ Harleigh B. and Audrey R. Trecker, *How to Work with Groups* (New York: Woman's Press, 1952), p. 17.

⁶ Harleigh B. Trecker, *Group Process in Administration* (New York: Woman's Press, 1950), p. 37.

⁷ Roy Sorenson, *The Art of Board Membership* (New York: Association Press, 1950), p. 62.

agency, which determines, by its own choice of purpose and service and policy, the limits within which the worker serves.⁸

In this context the worker, as the authorized functionary of the agency, clearly meets the socio-political definition of "representativeness," and the statistical definition obviously is not applicable.

This same socio-political definition can be seen to apply at another level of activity in social work: that involving a person (professional or non-professional) as an authorized agent of any organization in a community organization activity. For example, it may be a person selected by an agency as an authorized "representative" on a welfare council planning committee on psychiatric services for children, a city-wide committee on fair employment practices, a cardiacs-in-industry committee of a heart association.

It is important to recognize that such "representativeness"—an authorized function—may involve a considerable range of authority or responsibility. The "representative" may be the committee member from the Parent-Teachers Association, who can only act with the committee after the matter has been taken back to the parent body where specific instructions are obtained. Or she may be Mrs. C., who "is free within the framework and policies of the Civic Club to vote in the council in what she considers to be the interest of the Civic Club." The authority may be as nebulous as that which some boards have, the authority bestowed by continued affiliation of the membership. This difference in amounts and types of authorization bestowed by a group on its "representative" contributes to much of the confusion surrounding the concept.

The crucial point relative to the definition is the fact that the individual has a

delegated authority to be present and act in the intergroup within certain limits prescribed by his group. While the vagueness in relation to the variable degrees of authority delegated by parent agencies makes for some confusion, yet, if the person is authorized to speak or be present for his parent agency or group in his new group, he is "representative" in a definitive sense. Theory and practice are consistent.

The second, and quite different, definition of "representativeness" is of statistical origin and refers to the quality of being typical or characteristic of the central tendency of a group or class. For example, a committee studying the needs of the aged may wish to include a senior citizen as part of its membership, a so-called "representative" of the aged in the community. It is evident that, as a general rule, such a person is not "representative" in the socio-political sense since he is not authorized to function for the group from which he presumably comes.

The confusion surrounding the statistical view of "representativeness" arises from the lack of rigorous application of the concept. The question becomes "Is he statistically representative of, or do his views statistically represent, his group?" In the example above, the person may possess the attribute of age, and in this limited sense be typical, yet he rarely could be considered to be an accurate sample of the aged population. Few community organization groups seem to apply scientific safeguards to guarantee getting a "statistical representative."

It would be logical to ask, "Is there no common denominator of experience of certain members of a primary group which would correspond to the quality of being typical, the statistical representative?" Such a fact is theoretically possible, but difficult to establish. In most instances a person so considered is brought into a committee for the special knowledge that he can contribute. Often, possessing special skills, such a person is the *atypical* individual. He is neither representative nor character-

⁸ Kenneth L. Pray, "When Is Community Organization Social Work Practice?" *Proceedings of the National Conference of Social Work* (New York: Columbia University Press, 1948), p. 198.

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istic of his group. While it is recognized that such persons serve an important function in the community organization process, it would seem that another designation is more appropriate.

A MISUSE OF THE TERM

In actual practice of community organization in social work, there is a common misuse of the term "representativeness" which is not in accordance with either of the above definitions of the concept. The term is repeatedly applied to designate the role of those persons who are appointed by others to speak for constituencies which have had no part in their selection.⁹ These are the persons who are selected as "representative" of a certain class, ethnic, religious, vocational or special interest group. They are often loosely referred to as "representative citizens." The classic example of this point is to be found in the sample constitution for a combined community chest and council, which charges that the nominating committee ". . . shall make every effort to see that the board is at all times representative of the principal civic, commercial and cultural forces in the community. . . ."¹⁰ "Representativeness" in this context is not reconcilable with the "authorized functioning" or "typical" criteria.

This does not imply that the individual enjoying high economic or personal status, with wide contacts and a high degree of socialization, should not be a participant in community organization activities. Rather, there needs to be a differentiation of the role of such persons in the community organization process. The significance of these individuals is more accurately related to the concept of the power structure and its use in community organization.¹¹ Con-

fusion arises when these persons are referred to as "representatives."

This lack of clarity in the use of the term tends to vest the individual with authority or typicalness which he does not have. In addition, this practice may imply manipulation. To choose persons for committee service because of their ability to obtain group sanction and to label them "representative" is an inaccurate application of the term.

Beyond this, persons who are appointed to a committee as representative of the Negro community, the legal profession, the Protestant churches, and so forth, normally carry no authorization from those groups. They have the responsibility as individuals for their own part in the group process, but do not carry any further responsibility.

There are further implications connected with obtaining "representation" from the person who is not "authorized to function for a group or organization." Consider first the individual whose selection is an outgrowth of his agency or group affiliation, but who has not been officially authorized to act in behalf of such group. He is normally selected without going through the administrative hierarchy. In such instances, the parent agency is not responsibly involved in the community organization process. In other instances, a person may be invited to serve with the intergroup because the committee chairman believes he might *not* have been the person who would have been selected by the parent group. In any event, the "authorized functioning" criterion inherent in the socio-political concept is not present. This is pseudo-representativeness and not true representativeness.

Attaching the "representative" label to the "individual appointed by others" serves other purposes than democratic delegation of responsibility. No clear lines of communication and authority have been de-

⁹ Grace Longwell Coyle, *Social Process in Organized Groups* (New York: R. R. Smith, Inc., 1930), p. 105.

¹⁰ Sample for Combined Community Chest and Council (mimeographed), New York: Community Chests and Councils of America, Inc., 1949, p. 5.

¹¹ For an interesting development of the power structure concept, see: Floyd Hunter, *Community Power Structure*, Chapel Hill: University of North Carolina Press, 1953.

veloped. This practice frequently provides the opportunity for an agency to participate in community study and planning through its "pseudo-representative" without being committed to the risks of committee recommendations and actions. Often, too, as with the "representative" of the aged, a person may meet some of the needs of the committee by imparting an atmosphere of status to the proceedings.

There are many facets to these uses of the concept of "representativeness." For example, it has been observed that a person may have been appointed to a committee because he typifies some group or class only to have his role shifted during the committee process to include responsibility for action expectations on the part of such group or class. For example, a psychiatric social worker is appointed to a welfare council mental health committee as a typical representative of social workers in a psychiatric clinic setting. He may offer professional judgments and energies in studies, but has no authority to commit his clinic to policy decisions. He is often frustrated when called upon to "actively support" legislation, except as a citizen.

The "typical representative" of the Negro community often finds himself asked to obtain agreement from his group on a planning decision made by a central committee—an act he is unable to accomplish. The failure of groups to implement committee findings and recommendations is often a manifestation of this phenomenon. Since the individual is not authorized to act on behalf of such group or class, such expectations are inappropriate. This shift from statistical to socio-political representation again is manipulative in effect.

The basic consideration and difference between the two concepts of representativeness stems from the purpose of the community organization activity, which in turn dictates the "why" of the committee appointments. If a person is selected as being

typically or statistically representative, then he is there to provide the committee with expertise or information about the group from which he comes. He has no group or agency responsibility for social action in the "to-and-from" sense. If he is authorized to be present by an agency or group to participate in the intergroup, then he is there to act for his parent group in a community organization process within the limits of his delegation.

TOWARD CLARIFICATION

How, then, may this clarification be applied in practice? Social community organization workers, as well as agency administrators, should give more attention to the selection and appointment of individuals to participate in intergroup committees. What is the purpose of committees? Are the members serving in individual capacities of expertise? Are they authorized agents, or are they there for other purposes? What functions and results are anticipated by the parent organization? More clarity in the area of purpose will contribute to the refinement of the process as well as to the quality of the results.

The use of the concept of representation as applied to the individual's role in community organization in social work should be restricted to the "authorized functioning" definition. Since means of selecting "typical" persons have not been developed, statistical representation should be confined to references to sampling procedures and techniques. The person who typifies a group or class could be characterized as an "advisory" or "expert" member of a committee. It would not seem valid in social work to use the representative concept in connection with the person appointed by others to speak for constituencies which have had no part in his selection. If representativeness is to be a usable professional concept, it must refer to "authorized representativeness."

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BY VIOLET SIEDER

International Travel for Social Workers: A Dream or a Reality?

AS THE DATE draws near for the opening session of the Eighth International Conference of Social Work in Munich, social workers throughout the land are once again considering the possibility of fulfilling their long repressed dreams of international travel. The average attendance by some two hundred Americans at such international conferences is substantial proof of the interest of United States social workers in having an international experience; however, these figures by no means offer an adequate measure of the numbers who eagerly await an opportunity to travel. For some evidence of the extent of this interest we need look only at the hundreds of inquiries that pour in every time a social work study tour is announced. Of these, many carry on hopeful and lingering correspondence with tour offices as they weigh the personal and professional values of travel against the investment of hard-earned cash. A major concern seems to be a question of how to get a meaningful experience which will meet the special interests of the individual at a price he can afford.

For many, the officially sponsored tours of the International Conference of Social Work are the answer, offering low cost travel by chartered flights for large groups, plus an opportunity for brief but selective observation of social work programs and

meetings with outstanding personages in two or three countries prior to experiencing the give-and-take of the Conference itself. Once having been exposed to the intellectual excitement of seeing different approaches to common problems and getting a new perspective, the chances are that a number of social workers will desire a more intensive professional experience in international social work. Indeed there are those who shy away from travel in large groups and prefer a more individualized approach as their initial introduction to other countries, provided they can plan to use their time to advantage, have some fun in the process, and can afford the cost. But how can such goals be achieved?

To answer this question requires a fresh and imaginative approach, drawing upon the rich experience of various types of group travel and individual exchange programs in which United States social workers have participated, as well as upon the experience of our colleagues in other countries. The Committee on International Social Welfare of the National Association of Social Workers is helping to provide such an approach as it undertakes to fulfill an important part of its assignment from the National Board, namely, to find ways for "developing closer ties with professional social work groups abroad, and for providing opportunities to work and study abroad."

Impetus has been given to the work of the International Committee by the report prepared earlier by an ad hoc committee of the American Association of Social Workers. This report offers a specific proposal for

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United States participation in the United Nations Reciprocal Exchange Program for Social work. It was endorsed by the National Board of NASW at its first meeting in July. The furtherance of this program by the professional association is now a responsibility, with high priority, of the International Committee.

THE UNITED NATIONS EXCHANGE PROGRAM

The reciprocal exchange program of social welfare personnel was created in 1950 as an extension of the basic UN social welfare program which has provided experts, fellowships, and scholarships in many countries since 1947. The UN Exchange Program is presently serving some seventeen European countries, although a few additional nations are now beginning to participate in it on a limited scale. It works through the countries to establish carefully planned programs of observation and to facilitate travel among countries by individuals or groups, through an arrangement for the bilateral or multilateral exchange of "hospitality." Unlike the basic social welfare program of the UN, the Exchange Program offers no maintenance grant. Travel costs to and from and within a country are usually the responsibility of the individual (or his agency) who can look for his maintenance to reciprocal hospitality, the equivalent of which is given to exchangees coming to his own country.

Each country participating in the reciprocal program has a national committee broadly representative of social welfare and with governmental status, usually staffed by the ministry of welfare. These committees receive and process applications in the country of origin and develop the specific work on study plans for the visiting individuals and groups. The European Office of the UN Technical Assistance Administration at Geneva provides leadership, arranges seminar programs, advises on training resources, and serves as a clearing house in maintaining records of hospitality credit

units and in making direct arrangements with the countries concerned.

UNITED STATES PROPOSAL

Plans are now under way to initiate a United States exchange committee which would participate in the existing international exchange program, heretofore limited chiefly to Europe. The broad objectives are envisioned as providing a channel for two-way observation of and participation in social work practice as between social workers in the United States and in other countries. The long-range goal would be to contribute to international understanding by an exchange of experience among countries.

It is hoped that the auspice for a United States exchange committee might be the Department of Health, Education, and Welfare which presently, through the Social Security Administration, is offering program-planning services for foreign visitors. The exchange program for American social workers cannot be realized until such time as a United States committee is set up and is in business with appropriate staff service. Meanwhile, the International Committee of NASW will make progress reports to the membership, since any such scheme will inevitably involve active participation on the part of many chapters.

TRIAL RUN

For the eleven United States social and health workers who participated in the non-profit study tour¹ led by the author last summer, the European national exchange committees are a wonderful and practical reality. The program plans for this tour were worked out by the exchange committees in each of the eight countries visited, and were coordinated through the Geneva Office of the Technical Assistance Administration.

¹ Sponsored by Affiliated Schools and Seminars for International Study and Training in cooperation with the Association for World Travel Exchange, both nonprofit organizations.

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This unique opportunity to take advantage of the experience of the European exchange program was made possible through special arrangement with both the Geneva Office of UN and the ad hoc committee of AASW. The UN was eager to demonstrate to Americans the tangible values of its exchange program, while the AASW committee welcomed an opportunity to test its practicality for Americans.² As a result of this arrangement, the American Social Work and Health Study Tour enjoyed a sort of quasi-official status with the host committees and the official ministries, even though the United States was not a formal participant in the scheme. A major deviation from the usual and proposed plan was the financial arrangement, by which the members of the study group paid for an all-expense package which covered not only travel but maintenance in the countries visited. However, our host countries frequently entertained us as their guests at special affairs, about which we will say more later.

In a sense, the tour leader served in relation to program planning much as would the staff coordinator for a national exchange committee. An advisory committee of persons with extensive experience in the countries to be visited, and in international travel, helped to identify the social work programs which were unique or offered interesting contrasts with our own. This same committee helped to formulate a basic concept which served as a guide to program planning and group orientation.

Social work programs in any country were seen as methods for meeting recognized needs growing out of and shaped by historical developments in the economic, social, political, and religious life of the people. It therefore, was agreed that a basic orientation to each country should cover these important aspects of life in so

far as possible. The advisory committee also conceived the plan of working through existing UN exchange committees. Out of practical experience it cautioned the importance of allowing time for sightseeing, shopping, and the pursuit of personal interests in each major center. The scope of social work interests was defined broadly to include family and child welfare, recreation, health and hospitals, rehabilitation, housing, and social planning, with an opportunity to see how these programs are related to industry and agricultural developments.

All initial contacts with the national exchange committees were made through the UN Technical Assistance Administration office in Geneva. The director was apprised of the general purpose of the tour, the financial arrangements, the dates on which we would be in each country, the anticipated size of the group, the general nature of their interests, and some of the special features of interest to the group in each country. Through the network of established channels of communication, he requested the cooperation of the national committees, notifying us as he received their acceptances and plans for our visits. This arrangement offered some assurance of a balance in program planning and of avoiding visitation of like organizations in each country. At the same time, it drew on the intimate self-knowledge of the national planners to assure inclusion of the typical, the best, and the unique. Reports on the tour experience were sent to Geneva by each country visited and by the tour leader.

THE NATIONAL COMMITTEES OPEN DOORS

Because of the semi-official status of the group, we found many doors open to us not usually accessible to the lone traveler. For example, the national senator from the Stravanger area of Norway personally conducted our tour while we were in his district. The Stravanger City Council co-operated by providing a bus for an all-day

² No report would be complete which did not acknowledge the important role played in this scheme by Marguerite Pohek of the UN staff.

outing to institutions so located that our travel afforded breath-taking views of jords, mountain passes, and sea.

In Finland, where we had the distinction of being the first group of United States social workers who came to see and learn rather than to fulfill an official mission of advice-giving, the hospitality was indeed overwhelming. From the moment we disembarked at the port in Turku, where we were met by an official of the Ministry of Welfare who served as our guide throughout this trip, until we left Helsinki five days later, there was a continuous round of receptions by important public officials and community organizations. Our Finnish hosts included the city councils of Turku, Tampere, and Helsinki, each of whom entertained us at a lavish dinner or luncheon where the welcome of public officials emphasized the importance of the exchange program. In the small rural town of Somero, where we visited the cooperative, the city officials entertained us at coffee. Here we were deeply touched by a speech of welcome made in excellent self-taught English by a city director who hopes to come to the United States as one of our first exchangees. We were entertained by the Chamber of Commerce in Tampere, and by the Cooperative Wholesale Association in Helsinki. The Central Union for Child Welfare, a national voluntary child welfare association, had us meet with its board at luncheon and also took us to Linnamaki Amusement Park, from which it derives the major portion of its income. The Minister of Welfare was hostess at a luncheon given by the City of Helsinki. Following this delightful and informal affair we were impressed and touched to find that in our honor the American flag was flying beside the Finnish flag from City Hall.

In Hamburg, Germany, the city officials personally conducted our one-day tour, sharing their intimate knowledge of social conditions along with their hospitality. Special mention must be made of the reception given the group by the Mayor of

Rotterdam who, with his wife, discussed the city's social problems and personally guided a tour through the impressive city hall. And finally must be mentioned the helpful session held at the city hall of Urk, Netherlands, where, over a repast of sherry and smoked eel, the Mayor's representative described the cultural patterns and social problems of that ancient, small, fishing village.

PROFESSIONAL OBSERVATIONS

Questions are frequently raised about the professional values in a travel experience which includes as many as eight countries within the short period of five or six weeks. Would it not be better to go on a straight pleasure jaunt or concentrate study in one or two places?

The answer depends on personal tastes, of course. This tour was designed to meet the needs of people who had looked forward for years to travel in Europe and therefore wanted to see as much as possible within the limits of their vacation period and their savings. On the other hand, they believed it would be most interesting to see these countries through the eyes of Europeans who have interests and occupations similar to their own, thus providing a point of departure for learning. There were frequent opportunities for concerts, theater, museums, folk festivals, and other cultural and recreational programs since these, too, are necessary to a basic understanding of people—to say nothing of pleasure for the traveler. In the company of our foreign colleagues, these activities were doubly enjoyed for themselves and for the opportunity to make new friends.

Orientation played an important part in the enjoyment and understanding of the tour group. The initial background for international social work travel was given in New York by members of the United Nations staff who described their work. In the panel were the Acting Director of the Bureau of Social Affairs, the Chief of the

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Liaison Office of the World Health Organization, the Chief of the Social Services Section of the Welfare Division, and the staff member most familiar with the international exchange program.

In the countries visited, orientation sessions were conducted by outstanding leaders in national and local social work movements. Our speakers outlined the basic social welfare structure, indicating the scope of the program, and some of the unique characteristics and special problems. There were always opportunities for questions from the group.

NEW APPROACH TO OLD PROBLEMS

There is a temptation to report on the many exciting programs which we observed, especially those growing out of changing postwar conditions. To do so would require encompassing services for people from youth to old age, for the able-bodied and the ill; the relation of public to voluntary auspices; and giving special attention to such programs as housing, institutions for disturbed and mentally retarded children, health schemes, vacations with pay, "home helps," and services for "the single mother."

Since this is patently impossible within the limits of this article, I have chosen to illustrate the value of observing such programs by describing briefly two experiments which make use of the skills of casework, group work, and community organization in a combined attack upon a common problem—the rehabilitation of the "hard core" family. The problem family requiring a multiplicity of services on a long-term basis with little evidence of becoming self-sufficient members of society has been a growing concern in the United States (as witness such developments as the St. Paul project and local youth boards). The two experiments visited which make claim to encouraging results are the Family Service Units in London, England, and the Zudplein Municipal Welfare Project in Rotterdam, the Netherlands.

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The Family Service Units is a voluntary organization serving the "hard to reach" families with such "below normal patterns" as child neglect, filth, irresponsibility, and so forth. Referrals are made by other agencies, schools, courts, SPCC's, and clergymen, doctors, lawyers, and landlords. Because the families are characteristically apathetic about and hostile toward social agencies, the caseworker initiates the service with a friendly call at the home. The caseload is limited to some ten to twenty families who are visited at least twice a week or perhaps daily as the situation demands. Identification with the family is made by working along with the mother at cleaning, cooking, or killing vermin—using these occasions to demonstrate efficient methods at the same time that personal problems are discussed.

The staff lives in decentralized units which serve as a community center for the families under care. Office interviews are encouraged, as is group therapy for parents. The children are worked with in play groups and are encouraged to join normal community activities as soon as possible. A major role of the staff is to mobilize and coordinate community resources and to focus them on the family, acting on behalf of other agencies where possible so as to cut down the number of community service visitors to the household. It is maintained that by giving these families a "positive relationship" to this specialized agency, it has been possible for them later to be transferred to other established community service organizations. This experiment, which started in Liverpool in 1941, has had its greatest impetus since 1950. Although under voluntary auspice, the Units receive grants-in-aid from their local authorities.

The Zudplein Municipal Welfare Project in Rotterdam, initiated in 1947, is a unique rehabilitation center for "socially weak" or "problem families" (not to be confused with "anti-social" families). At the core of this project is, first, the belief in people—in their inherent right and ability to self-

fulfillment, given the necessary supportive help; second, the conviction that the individual derives his needs and satisfactions from being an effectively participating member both of his family and of his community; and third, the belief that specialized services directed to the individual and his family must be integrated through careful planning of the service team if benefits are to be derived rather than further confusion created through treatment goals and methods that may be at cross purposes.

The project is located in a group of temporary buildings originally designed to house families made homeless by the bombings of 1940. These bombings "flushed out" families with all sorts of problems demanding the intensive help of social agencies. To facilitate treatment, it was decided to bring them together in a center where a group of experts could focus on their needs. Thus in a community of 580 families in this housing development, 250 were selected as "socially weak" and designated for "re-education." The program "consists of material, moral, cultural, spiritual, sanitary, psychological and psychiatric aid in all sorts of variations and combinations."³

The families are selected after a careful screening process. If the case study leaves in doubt the re-educability of the family, in consultation with the psychiatrist there is a preliminary placement in an observation center. Once the family is accepted in the project, there is a staff conference to decide the kind and scope of help to be given. The plan is carried out by the social worker, assisted by a trained "home help" (visiting housekeeper). Psychologists, psychiatrists, youth leaders, nursery and kindergarten specialists, a librarian, medical personnel for the clinic, all participate in the training and treatment program.

To the extent possible, small weekly payments are made by the family for all pro-

visions or services such as furniture, health care, and club dues. Life revolves around a cultural center containing a bathhouse, clinic, nursery school, day nursery, library, a class room for cooking and sewing, and a meeting room to accommodate some 200 people. Although the first step is to teach the mother housekeeping in the home, as soon as possible she is urged to use other services and to attend clubs and classes. Emphasis is put on family budgeting with both parents, and employment counseling is given to the father.

For these adults who have never before found acceptance in a normal community, group work plays an important role as they come together in democratically organized clubs with the assistance of a staff adviser. The sense of self-importance for the individual, and the experience of relating to other members of the group, are carried a step further through club representation in an inter-club council. These parents through their various experiences in self-help gain a new sense of values important to their self-respect. By helping to set standards for themselves and for each other through the intensively organized community life, they develop a sense of responsibility toward society.

For the children there are youth clubs with a wide variety of activities, and also a three-week period at summer camp. They attend the regular community schools.

The goal is to return fifty families a year to the normal community, replacing them with an equal number of "problem families" identified by the social agencies. For those leaving this protective care, plans are made for continued supportive help through an organized social agency but on a less intensive basis. An important part of the "after care" is an introduction of the family into the club life of the part of town into which they move.

The cost of the care was estimated in 1953 at about \$200 per family per year. This is startlingly low when compared with estimates for institutional care or unemploy-

³ *The Zudplein Project* by J. van Mill, Director of the Municipal Welfare Department of Rotterdam, January, 1953.

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ment that would present alternatives to this scheme for most of these "socially weak" families. The future of the Zudplein Project is uncertain, but the staff believes the experience is justified if only for what has been learned about treatment of the problem family.

THE ROLE OF PROFESSIONAL GROUPS

When program planning for exchanges from other countries is centered in an official body such as the national exchange committee, the role of the professional association and its chapters in relating to foreign visitors is not always clear. The Association of Social Workers at the Hague in the Netherlands set us a fine example. It planned its session with us toward the end of our visit. The staff of the Association realized that the visiting group had received official orientation from appropriate ministries and government officials, and that visits to many institutions and agencies had been telescoped into a brief time span. Under the circumstances, they anticipated our desire for an opportunity to talk out our impressions, to correct our confusions, and to know something about the day-to-day working and home life of a social worker in their community.

With this in mind, the Hague Chapter arranged an informal social gathering at the home of one of its members. A selected group of local workers, representing a cross section of specializations in social work and, to the extent possible, a counterpart of our own group, was invited to this evening affair. After a brief general discussion, the group broke up into small tete-a-tetes where personal opinions and observations could be exchanged freely. For example, this session helped to sharpen our understanding of the role of religion in social work in this country and the reasons for what had seemed to us, on the face of it, contradictions in the organization of public and voluntary services. We also found here real understanding of the concept of casework

and professional training familiar to us in the United States.

In both Glasgow and Edinburgh, it was the Council of Social Service which took the initiative in planning informal social gatherings to facilitate an exchange of ideas. In Glasgow an impressive group representing public and voluntary agencies turned out on a Saturday morning in the middle of the July holiday season to meet us, some actually returning from vacations to do so! After a brief over-all presentation of social work organization by the General Secretary of the Council, the group paired off in a free-for-all discussion which we later tried to put together in a composite picture. In Edinburgh, the occasion was a Sunday night supper at a local settlement house under the auspices of the Council of Social Service.

In Paris we were guests of Atlantique at a cocktail party. Here again, the French group was drawn from all fields of social work—public, voluntary, industrial—as well as from different fields of service. After a skillful presentation of the basic social work program by a nationally recognized social work leader, there was a lively and enthusiastic exchange among the United States and French workers.

Another helpful device to facilitate informal exchanges of ideas was to include a group of local social workers and officials in our sightseeing trips and on agency visits. This was the usual practice in Norway, Sweden, Finland, the Netherlands, and in Hamburg. Much was learned in casual conversation between stops, and opportunity was afforded for on-the-spot explanations. As would be true in our own country, many of our foreign colleagues were seeing some of their own institutions and projects for the first time.

On several occasions, some members of the tour group were invited to private homes for tea. This simple gesture helped greatly to give us some feeling of home life and customs and to take us intimately into the residential areas of the cities.

SOME CONSIDERATIONS FOR THE FUTURE

It can truly be said that for all members of the Social Work and Health Study Tour of 1955, this was a tremendous and never-to-be-forgotten experience which has left a desire for further international travel. In anticipation of such an opportunity, the following suggestions are offered which we believe could make travel for United States social workers abroad even more meaningful.

Group travel. There are real advantages to group travel, particularly if the group is small (not more than twenty) and diversified as to areas of social work specialization. Our group learned much from each other about current social work developments in our own country as we shared experiences with our foreign colleagues, and helped each other to gain perspective on familiar programs at home. Also, it should be remembered that an important and busy public official or organization executive can use his time to better advantage with a group than to meet individually with numerous eager visitors.

Individual contacts. In addition to valuable group orientation and observation sessions, opportunities should be planned for one or two individuals to visit with their opposite numbers in the community, both at the place of work and on social occasions and, where convenient, also in the home. This, of course, requires individualization in planning possible only if the host country has in advance detailed data about the work and interests of each member of the group. It is important, too, to have a carefully selected group of local social workers accompany the study tour in most of its institutional visits and sightseeing excursions.

Social work broadly interpreted. Few countries offer social work programs on as highly specialized a basis as does the United States. Building on their basic social insurance schemes for meeting health and

welfare needs, they are much more inclined to see the picture broadly to include health, housing, industrial programs, city planning cooperatives, adult education, and recreation, including camping and other summer vacation schemes. Future United States exchange groups would gain much by including the study group people from these fields in our own country. This might help us take a giant step in our much-talked-of interdisciplinary approach to social problems. This would be especially true if the study group met together periodically in the course of travel to share experiences and impressions and to integrate their learnings.

Diversified exchange plans. There might well be several types of exchange schemes to permit flexibility to meet individual needs. Plans for summer study groups must take into consideration that this is bound to be a vacation period, and that therefore time for fun and relaxation should be included in planning the schedule. Such trips might well cover a number of countries on an introductory basis to reassure those who think they may never have another chance to travel. For those who desire a more intensive experience in one or two countries, with stays of from two weeks to a month in each, another type of study group could be arranged with more of the individual elements of the European Exchange Plan involved. Still other plans could be arranged for individuals with a serious purpose, for specialized study.

Timing of travel. A serious problem is posed for any European country when social work visits are planned in the summer vacation season. Just as in our own communities, top professional and lay leaders are out of town and programs are curtailed. Encouragement should be given to agencies to permit leaves of absence for serious study exchange programs during the program year. A more general practice of offering sabbatical leaves for such purposes warrants thoughtful consideration because of the opportunity this would create for en-

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riching our own social work practice and programs.

Balanced program planning. The UN, through our own proposed U. S. Committee as soon as it is a reality, should serve as the central clearing house for all serious social work study tours. Not only will this assure the advantages of working through people experienced in developing good programs and in touch through official channels with top national leadership, but it would also help to achieve balance in program planning. As a member of the UN "team" of national exchange committees, we will be in a position to participate in policy making for future travel plans. Without careful arrangement a study tour can easily deteriorate into a series of building inspections from cellar to kitchen to WC, with the program interpretation coming out second best. It is important to see the typical, the unique, and the best—but also a variety of programs from country to country. Otherwise, after a while, all day care centers or old age homes begin to look alike! In addition to the well-organized orientation, thought should be given to a final integrative or evaluative session in each country to assure that facts and impressions, hastily absorbed, are sound.

CONCLUSION

It is hard to know who was more amazed, the Americans who discovered that many of the imaginative and excellent programs we viewed in Scandinavia and Europe were way ahead of ours, or the disbelieving foreign colleagues who found it hard to accept that Americans could sincerely admire these same programs as better than anything we knew at home. The warmth of our relationships, the eagerness to share, the open-mindedness and humility toward our mutual goal—service to people for a better world community—made us newly aware of the strong international professional bonds we have in social work. We can approach the possibility of becoming a part of the UN social work exchange committee "team" with deep conviction that: "Each country has something to give, something to take, something to teach, something to learn. A pool of knowledge, of technical skill and good will, exists which can be used for the benefit of all countries, at minimum financial cost to them and to the United Nations."⁴

⁴ Marguerite V. Pohek, "The International Seminar as a Means of Facilitating Learning in the Field of Social Welfare," *Journal of Social Process*, Vol. V (1954), p. 1.

BY YONATA FELDMAN

Some Particular Emphases in Supervision

BEFORE PROCEEDING TO discuss the present-day function and objectives of supervision, it is necessary to turn briefly to the past.

Though social work started with its aim of meeting physical needs of people, practice soon taught us that meeting physical needs cannot be constructive unless it harmonizes with meeting other needs of the individual who is to be helped. What those other needs are is not always obvious or clearly understood. Psychoanalysis and other disciplines have made great contributions to this understanding, but much remains for further exploration.

Social work practice was influenced by the new vistas opened by scientific discoveries in the understanding of human behavior. It was only natural that in groping for new ways of helping people there should have been swings from one extreme to the other. For example, from the belief that vice, crime, delinquency, and so forth, were the result of poverty, poor housing, slums, and so on, many of us had turned to the belief that the psychological influence of casework should enable the individual to battle by himself and to conquer the obstacles that stand in his way.

At present we know that there is a close interrelationship between all human needs and functions. In order to meet a person's request for help constructively, one must have a clear understanding of all human

needs and all forces that influence the individual, so that one need can be met without creating a disharmony with the others. For instance, a mother might come to an agency to ask that her child be placed because his behavior has brought her close to a mental breakdown. Superficially it might seem best for mother and child that they be separated and the child placed, but by meeting this request for separation one might overlook a more important need of this woman, namely, the need to build up confidence in order that she might become an adequate mother and an adequate person.

Social workers know that whenever they are called upon to extend help, they by necessity enter another person's life, and that this in itself constitutes a change in this person's life. The social worker becomes an important factor; and on his understanding of the client's needs—as related to the latter's personality and life situation—and his skill in meeting these needs, will depend whether he will become a constructive factor in the client's life. I am referring here not only to those social workers who are connected with agencies whose function it is to extend long-term casework treatment to their applicants. Social workers whose tasks are more specifically defined and limited in scope need the same basic training in understanding human needs so that they can carry out, in an individual and creative way, what might seem to an outsider to be a limited or routine job. It requires a basic understanding and skill to investigate a person's eligibility for relief so as not to destroy his self-esteem, even though it might seem a routine procedure.

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Emphases in Supervision

BASIC CONTENT

There is a basic content that all supervisors are called upon to transmit to their workers. This content is taught theoretically in schools of social work and is known to all graduates. The problem is that while we might know all about human needs and the dynamics of human behavior, when we face a particular client we have to re-discover *his* needs, *his* personality structure, *his* way of life. It requires skill to investigate, discover, and critically appraise the factors in a person's life that are known to him and that he can recall in his memory, but we know that a plan for help cannot be based on these factors alone. Therefore, we social workers are called upon to investigate and understand important factors and needs in the person's life that he is not aware of and therefore cannot tell us of directly.

We have learned theoretically about instinctual strivings of people and of emotional needs that must be gratified in order that the instinctual strivings may be sublimated and repressed. We have learned about the relationship of the Id, Ego, and Superego. We have learned about anxiety. When we face a client who needs help, we are called upon to investigate his psychic life as well as the reality situation. The problem here is that much of the theoretical knowledge that was conveyed to us about the psychic structure of the individual was obtained from psychoanalysis. We, however, are called upon to gain an understanding of *our* client by an entirely different technique, by a casework technique. We have discovered this technique, we have developed it, but we have as yet not fully formulated it. A fundamental problem of supervision at present is that we are called upon to transmit to our workers a content that is still fluid, that is still in the making, a technique that is still young and developing, a technique that we cannot always define very concisely.

This is one reason why it is so important for supervisors to remain also practitioners, to initiate planned experimentation, to study and develop content and techniques, to develop specific formulation of concepts. We must ask ourselves specifically what goes into establishing a casework relationship, how one can tell whether this relationship is progressing in a way that is constructive for the client, how one can tell when a client expresses an instinctual wish or an emotional need. We need to know precisely what role we take, when, and why. This is important because in order to train a worker for the profession it is not enough for the supervisor to possess casework skill herself, but she must be able to break down the casework process into its component parts and see clearly how these parts relate to each other. Thus it seems that one of the aims of the supervisor would be to develop and study content, either through study groups of supervisors or by organizing study groups of workers whom they supervise.

UNDERSTANDING THE CLIENT

There are other problems that confront the supervisor in training the individual worker. One of the important prerequisites of helping a client is that the client must know intuitively, without the worker having to verbalize it, that he is understood, not only intellectually but in the sense that the worker knows what it means to experience the mental or emotional state the client is in. This creates the proper atmosphere and enables the client to reveal himself. The creation of such an atmosphere is a very important step in helping others. What it means to the client is: here is a person who has had strivings similar to his own, yet he could control them, he has found a way to fulfill them without danger to himself and others, he has found a way to master his impulses and his environment. It gives the client the confidence that there can also be a solution to his problems and that the worker is the person who can help

him find this solution. There is no way of conveying to the client such understanding unless the worker really knows how the client feels.

People selected for the job of social work are usually those who are themselves well adjusted. Good adjustment is only possible through properly developed defense mechanisms, through proper repression and sublimation of instinctual drives. The objective of the supervisor, however, is to train the worker to have empathy with his client's feelings, and these feelings are usually raw, unresolved early childhood strivings. A new worker exposed to the onslaught of a client's primitive feelings cannot but react to it with anxiety. To avoid anxiety, a worker cannot help but misunderstand material and be blind to it. The supervisor now has the task of studying each individual worker's reactions to client's material to know what is anxiety-producing. She must train every worker to feel with the client, yet to be in full control of the situation.

ANXIETY OF THE WORKER

From this standpoint, training in casework seems like a gradual and slow immunization against infectious illness. In some aspects, such training is like breeding backwards and forwards at the same time. It involves certain dangers for the worker that the supervisor must be fully aware of. It is important for the casework supervisor to accept the fact that training is anxiety-producing, that it stems not only from a reaction to a parental role of a supervisor but, to a much greater degree, from being exposed to the client's productions. The supervisor has to assume a protective role, has to find methods of training without overwhelming anxiety. The supervisor has to adapt a different rate of training for every individual worker. The timing of when to explain content, the form in which concepts should be clarified, will have to be different for every individual worker. What method is the supervisor to use to enable a worker

to recognize feelings he is not ready to see, and how does one determine when a particular worker is ready for an explanation? These are problems training presents to the supervisor.

I do not know whether we supervisors have as yet fully realized the impact that a client's feelings can have on a worker. I saw a very good worker, who treated a mother and a child, go through with a plan of placing the child because the mother transmitted to the worker her irrational fear that this seven-year-old would kill her and the siblings. Objective analysis of the case showed that the worker had made very good progress with both mother and child, that they were on the road to recovery, but the worker had not developed enough immunity to tolerate the aggressive, destructive feelings of her client. Every supervisor can tell of hundreds of examples where, when cases were about to be closed, the clients reached points when they were ready to reveal infantile sexual or aggressive strivings and conflicts, but where it was too upsetting to the worker to tolerate these strivings.

Though casework training involves a great deal of individualization, I am certain there are principles and techniques that could be defined and generalized and put to use for the field at large. In order to do this, methods of supervision should be more closely scrutinized. Supervisory sessions should be recorded and analyzed. A number of supervisors have already been doing this, and we can hope that the future will bring contributions that will approach supervision not as generally as I am doing, but will concern themselves with more technical problems.

In a psychiatric or clinical setting, or in any agency where psychiatric consultation is a regular part of teamwork, the supervisor has the task of coordinating and integrating psychiatric consultation. We have worked in teams for many years, and there has been an increasing attempt to clarify what are the respective roles of casework

Emphases in Supervision

supervisor and psychiatric consultant. As the situation stands today, in most settings, the psychiatrist seldom has enough time to study a worker's performance carefully and in detail, to get a real appreciation of a worker's learning needs. In addition, few psychiatrists have a real appreciation of casework. Because of this, the psychiatric contribution is often case-oriented. Many a psychiatric consultation for an inexperienced worker is overwhelming and confusing, and the knowledge gained in consultation can only be digested and applied slowly with the help of the casework supervisor. Here again we see how important it is for a supervisor to have opportunities to experiment herself with how ideas that come from a different discipline can be translated and applied in social casework. The supervisor has to train her workers on how to prepare for psychiatric consultation and how to utilize the psychiatrist's contribution within the realm of her own discipline.

LENGTH OF TRAINING

How long must training last? Surely it should be continued until a worker is able to permit a client free expression of all of his feelings, can recognize the client's situation realistically, is aware of the role the client wants him to play, and has full control of his own emotional reactions so that he can consciously play all those roles necessary to meet various clients' needs constructively.

I believe that supervisors will have to adjust their supervisory methods to train differently workers with different personalities. There are people who are not suitable for the practice of social work, and it is important that they be detected early and advised to change their occupation. This is a problem to which many in the field have given consideration but which still needs further study and experimentation. Perhaps here, too, we have to re-evaluate our present-day ideas. Is it true

that persons who seem naturally well adjusted are most suitable for casework? Perhaps those who have had emotional conflicts and have overcome them, and have developed proper controls, have greater readiness for empathy with others but need a different type and rate of training than the others.

Successful training through supervision should lead to the ability of workers to practice quite independently. A margin of error will always be present, but this is unavoidable and cannot be of great significance as long as a worker has developed the ability to be analytical and self-critical, and has fully and genuinely accepted not only the human strivings of his clients but his own as well. Being put in the position of being able to influence other people puts a great moral responsibility on the social worker; and this sense of moral responsibility should be a sufficient guarantee that an advanced worker will seek consultation whenever necessary. Though all social workers will need a period of training through supervision, the length of training will also depend on the specialty which the worker selects in his profession.

Agencies, when they speak of their function, usually see it only in terms of the service they render to clients. Yet agencies have assumed responsibility for training professional personnel on a much larger scale than just the training of students for schools of social work. Since training is a complicated process and must involve a long period of time, it is by necessity costly.

OPPORTUNITIES FOR THE SUPERVISOR

If we accept the fact that the fundamental function of the casework supervisor is the training of personnel, it would seem logical that this function should be combined with research, experimentation, and study. I am referring here not to large-scale investigations of success and failure but to a continuous study of case material in order to find new ways of deepening the understand-

ing of problems that come to the attention of social workers, to spelling out more clearly the aims of treatment, to evaluating old methods of help, and to experimenting with new ones in a planned way.

Psychological help given by one person to another has been extended throughout history on an intuitive basis. Every training supervisor knows that many workers are intuitively therapeutic—and might, unbeknown to themselves, hit upon a new way of gaining a better understanding of people or on a better method of extending help. The supervisor must have courage and be free enough to be able to accept and look at unorthodox approaches, to stimulate creativity in workers, in order to keep herself in such a state of mind as to participate actively in searching for new ways of developing casework understanding and process. Scientific curiosity in workers cannot be fostered by supervisors who are not given opportunities to engage in investigation and experimentation.

The fact that the casework supervisor has some administrative responsibilities means that, being close to the needs of clients through her intimate knowledge of cases, she has an opportunity to bring these needs to the attention of the community. Also, by interpreting administrative policies to the worker, the supervisor becomes a link between community and client. The system of agency, casework supervisor, and worker gives casework treatment a specific symbolic slant. A person receiving help at a casework agency is symbolically not entering a person-to-person relationship only. There are the supervisor and the agency in the background. This makes a difference that should be studied and ap-

praised. Mrs. Helen Glauber took notice of it when, in her discussion of a paper presented by Mrs. Etta Kolodney at the 1953 American Orthopsychiatric meeting, she stated: "A caseworker in a social agency, who inevitably represents both the more fortunate, and therefore less depriving parental figure, and the generous community, is in the unique position of adequately making up in a real way for real deprivation."¹ When a worker, for unforeseen reasons, has to interrupt her services suddenly, an agency client does not have to shift for himself and be stranded. There is the agency through the casework supervisor who knows the situation and assumes responsibility. As Dr. Paul Federn has said: "Whenever a professional worker constantly deals with people who look up to him, or are dependent on his help and judgment, have absolute confidence in him, or who are inferior in strength, education or are younger than he, he may become seduced into narcissistic inflation."² The institution of casework supervisor with her partial administrative function, symbolically representing the community, might help to keep a healthy balance.

In conclusion, I wish to say that the institution of casework supervision has been a unique contribution to the art of helping people. There are many facets that are still to be studied and developed and this should be a challenge to all supervisors.

¹ Etta Kolodney, "Lessening Dependency Through Casework Therapy," *American Journal of Orthopsychiatry*, Vol. XXIV, No. 1 (January 1954).

² Paul Federn and Heinrich Meng, "Psychoanalytic Prevention versus Therapeutic Psychoanalysis," *Searchlights on Delinquency*, Kurt Eisler, ed. (New York: International Universities Press, 1949), p. 29.

BY REVA FINE

Some Theoretical Considerations Basic to Supervisory Technique

RECENTLY, GREATER RECOGNITION has been given to the need for supervision to be based on a sound, systematic conceptual framework. In this presentation, consideration will be given to certain basic concepts involved in the supervisory process.

Changes and advances in supervisory method and practice reflect and parallel the developments in casework practice. An historical survey, particularly one which traces the shifts and emphases in the philosophy of casework, reveals that many of these trends become mirrored in the supervisory process. For example, during the early period when practice was absorbed in the so-called "era of activity" and enmeshed in busily "doing" for clients, this tendency was similarly reflected in supervisory practice. Supervisors in their contact with workers tended to be extremely active, ignoring the value of helping workers develop their own capacities and strengths. With the swing in social work practice to the "era of passivity," there was a similar parallel in the supervisory process. Supervisors hesitated to be active in sharing their competence, because of the over-emphasis on the attempt to "draw out" the worker. Today we recognize that both

extremes are questionable methods in sound casework or supervisory practice. These examples also highlight the close interrelationship between social work practice and training.

The changes that have occurred in supervisory methods have, in part, been tested out informally through experience. However, the assumptions and principles upon which method is based should be critically and systematically examined and their validity established. This is true not only in the area of social work practice *per se* but also in supervision.

Questions are being raised about supervision from within the professional group itself, from practitioners, agency boards, administrators, and the public. Such challenges as the following have been raised: "Need supervision be so time-consuming and costly a process? When does a worker reach a modicum of independence? Has the learning process been fully examined to ascertain if the methods used are really oriented to learning needs? Are there other methods, in addition to the traditional ones, that might be more valuable? What combination of teaching methods might best be used for most effective learning?"

In this presentation an effort is made not to answer all these questions but to review and analyze some of the premises upon which supervisory techniques have been based, to point out some of the basic principles involved, and to present the range of supervisory methods available in

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supervision. The presentation is focused primarily on one particular aspect of the supervisory process—the educational component in supervision.

EDUCATIONAL COMPONENT

Supervisory method is conditioned by the goals and the content to be learned. The "how" of supervision is strongly affected by the "why" of supervision. One significant aspect of supervision is that it is an educational process. However, it is recognized that this is not an end in itself. The aim of the supervisory-educational process is to help workers become more independent and competent so as to render more effective and efficient service to clients and/or community. Thus, through common aims the administrative and educational aspects of supervision are closely related.

The social work profession, as is characteristic of a comparatively young discipline, tended to "grow like Topsy," developing supervisory methods through trial and error. The emphasis and development of professional training programs for students through the graduate schools, particularly in the field work aspect of the curriculum, contributed much in crystallizing for the profession the educational component inherent in supervision. Thus the close tie between practice and training is seen again. Many of the principles learned and developed through student training experiences are transferable to supervisory practice in general.

A basic principle involved in the training process is that learning is an intellectual-emotional experience. Knowledge about this has been broadened through the insights developed by psychiatric and educational theories, as well as through social work practice. However, this principle has not always been followed in a balanced manner. There have been cycles and swings in the adherence to one or another aspect of this principle. For example,

at one point in the profession's absorption in the knowledge that was to be taught, the didactic aspect of training tended to be emphasized without sufficient awareness of the emotional elements in learning or of the learning person himself. Then there was the almost complete swing in the opposite direction, with intense concern for the "emotional" factors. This was the period when "the relationship" was emphasized by some, for its sake alone, to the neglect of the content to be taught. This emphasis in maintaining a "good" relationship tended to overlook the administrative aspects of the supervisory process. To some extent, perhaps, this emphasis on the emotional components was a reaction against some of the stereotypes regarding formal and "sterile" teaching. The dichotomy that existed between the emotional and intellectual aspects of learning was also reflected, for a period, in student training. The classroom was regarded as the place where the student learned "to think," and the field experience, where the student had the sole experience in learning "to feel." Fortunately, in both student and staff teaching the importance of integrating emotional and intellectual aspects of learning is now more clearly recognized. The supervisor can exercise skill in determining how and when there should be greater emphasis on one or the other, depending upon the needs of a given worker. At a given stage of his development he might more readily utilize emphasis on intellectual material.

From psychiatry, many principles have been absorbed that have particular meaning in the supervisory process. Among the outstanding of these are the recognition that growth takes place through a positive milieu, as exemplified by a warm positive relationship, and awareness that the emotional reaction of learner and teacher affects learning. The emotional-intellectual nature of learning, already commented upon, incorporated this psychiatric insight.

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Yonata Feldman¹ and Charlotte Towle² have pointed up the importance of these principles in the area of social work training. Emphasis is placed on the awareness the supervisor must have about particular areas of workers' stress, difficulties, and blind spots. The process of self-awareness in professional learning does not proceed at the same rate for all workers, and thus supervisors must take these individual needs into consideration.³ The supervisor's own reactions and counter-transference in a given situation with a worker also has to be considered. A recent paper highlights certain emotional needs of both worker and supervisor, particularly as regards the dependent and independent aspects of the supervisory process.⁴

Greater attention is also being directed to certain learning theories from the field of education that have applicability to social work training. However, the question arises as to whether these have been fully explored, utilized, or integrated for our profession. Progressive education emphasized the relationship between the subject matter to be learned and the learner. Individualization and the tutorial method influenced social work strongly. The supervisory relationship, the social work application of the tutorial method, has been a unique characteristic of our training process. But has as much thought been given to some of the other educational concepts—for example, laws of repetition, sequence, and intermittent learning? In using case situations, have supervisors been thoughtful about selecting certain aspects that would repeat and reinforce a

¹ See Yonata Feldman, "Some Particular Emphases in Supervision," pp. 62-66 of this issue.

² Charlotte Towle, "Emotional Element in Learning in Professional Education," in *Professional Education* (New York: American Association of Schools of Social Work, 1948).

³ Gordon Hamilton, "Self-Awareness in Professional Education," *Social Casework*, Vol. XXXV, No. 9 (November 1954), p. 371.

⁴ Herbert H. Aptekar, "Significance of Dependence and Independence in Supervision," *Social Casework*, Vol. XXXV, No. 6 (June 1954).

particular learning experience needed by a worker?

EDUCATIONAL DIAGNOSIS AND EVALUATION

Preliminary to presenting the various supervisory methods at our disposal, it is important to consider briefly educational diagnosis and evaluation, which is the basis for selection of the appropriate supervisory methods. Just as the psychosocial diagnosis is basic to sound casework treatment, so in supervisory practise the appropriate supervisory approach rests on a sound educational assessment. A major difference, however, lies in the fact that in supervision the goal is educational rather than therapeutic.

Educational diagnosis and evaluation involves ascertaining *what* the particular worker needs to learn to broaden and enrich his practice and *how* he can best learn it. An assessment is made of the worker's pattern of learning and doing. Phases in formulating such a diagnosis, as suggested by Lucille Austin,⁵ include an evaluative process, in which consideration is given to *what* the worker is able to do and how effectively he is doing it; and a diagnostic phase to determine *why* he is able or unable to achieve certain goals. Emphasis thus is placed on the learning needs and patterns of a given worker. Among the sources available to facilitate the formulation of the educational diagnosis are the following: familiarity with and evaluation of the worker's past and present performance; knowledge and understanding of his learning patterns; observation and understanding of how he relates to opportunities for learning other than through individual supervisors; and observation and understanding of how he learns in the current supervisor-worker relationship.⁶

⁵ Lucille N. Austin, "Basic Principles of Supervision," *Social Casework*, Vol. XXXIII, No. 10 (December 1952).

⁶ Norma D. Levine, "Emotional Components of Supervision in a Family Agency," *Social Casework*, Vol. XXXI, No. 6 (June 1950).

The supervisor thus can make use of various materials and situations to learn more about the worker and his pattern of learning. She can become familiar with his strengths, needs, and areas of difficulty through the use of conferences, evaluations, and so on. She can become sensitive to ways in which the worker uses supervision. This process can be one in which the worker participates. As he himself becomes more aware of his learning patterns, this in turn can contribute to his own growth and learning potentials.

With such an educational formulation, the supervisor is in a strategic position to select priorities for teaching and to concentrate on those areas with which a worker may need special help. Conferences can be carefully planned and focused on the selected individual learning needs of the worker. Case material can be utilized in conferences, not merely for general review but for particular learning goals.

The educational assessment, as any diagnostic formulation, is flexible and may change as the needs of the worker change. In turn, the supervisory approach then is adapted to these changes.

SUPERVISORY TECHNIQUES

As attention is turned to supervisory techniques, there is a wide range of supervisory methods which can be utilized. However, as these are examined it will be seen that there has been a tendency for the profession to rely more heavily on some than others.

The supervisory relationship certainly has been considered the basic medium through which learning takes place. As noted earlier, it has been recognized that learning is facilitated by a positive supportive relationship, especially during periods of stress or difficulty for the worker. However, at times there has been a tendency to make the worker too dependent on the relationship and to not encourage sufficiently the worker's own growth. In

itself, the supervisory relationship may not be sufficient for growth; there needs to be the skillful use of educationally oriented teaching techniques geared to a particular worker's needs. In the relationship there also needs to be a clear and constant awareness of transference and counter-transference, with appropriate shifts in the teaching approach if the transference needs to be reduced. Through the relationship, much learning can and does take place, and other methods are utilized within the context of the supervisory relationship. Through the supervisor's own sensitivity and concern for the worker, as well as for the client, as evidenced in her attitude and through her conferences with the worker, much can be learned which is translated into the worker's practice with clients.

The case discussion technique has been one of the chief educational instruments used in the supervisory process. Through the review of case material,⁷ the supervisor can detect trends in the worker's functioning and learning patterns, and the conflicts which may block acceptance and integration of knowledge. Through the use of the case, the supervisor can focus discussion so that the worker gains additional insight and self-awareness. The case thus serves as a teaching medium which does not necessarily focus directly on the worker's problems. However, skill and professional judgment need to be exercised by the supervisor in determining when it is necessary to focus directly on a worker's problem. As noted previously, there have been situations where supervisors, in their desire to maintain a good relationship, postponed handling difficulties which, if faced, could have been a step toward improving the worker's effectiveness. As the supervisor becomes aware of the worker's individual learning needs and patterns, she can then focus attention on particular aspects of the case that would

⁷ Yonata Feldman, "The Teaching Aspect of Casework Supervision," *Social Casework*, Vol. XXXI, No. 4 (April 1950).

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have special learning potential for the worker. Likewise, through this educational evaluation the supervisor is in an excellent position to utilize certain approaches that may be most helpful for the particular staff member. Through case discussion, the supervisor can raise pertinent questions about the material which stimulate the worker's thinking and thus encourage his independent functioning and professional development. Case material can be used to teach more than knowledge about an individual client. Skillfully and imaginatively used, case material can help to broaden the worker's understanding about the community, administrative and research aspects of social work, and so on. Similarly, through the case the supervisor can stimulate the worker toward relevant supplementary reading references. She also has the opportunity to extend the worker's learning beyond the immediate supervisory relationship by suggesting conferences with other personnel both in and out of the agency. Experiences in observation, as related to case practise, may be considered another instrument of learning. Encouraging attendance at certain meetings can prove fruitful in the total learning process.

The evaluation is another important device in supervision. Through the discussion of the worker's strengths and weaknesses, as a regular part of the ongoing supervisory process, the worker's self-awareness can be increased. In the process of sharing and exchanging ideas about his performance, he becomes more aware of learning goals. Increased thought is being given to group discussion at unit and staff meetings. More study, however, needs to be directed toward the understanding of what is involved in the concept of the group process in learning—and the concept of group supervision should be examined toward the testing of its use and effectiveness.

Although this review of supervisory methods has been brief and certainly not conclusive, it seems clear that a range of supervisory approaches can be used to meet the needs of workers, that the shifts in supervisory approach need to be timed to workers' levels of growth, and that the supervisor is chiefly a catalytic and enabling person to encourage the worker's own strengths and to facilitate the integration of knowledge and skill for more effective and competent performance.

Throughout this presentation, the level of skill, understanding, and maturity needed by supervisors has been implied. As the varied responsibilities of the supervisor are recognized, comparable attention needs to be given to the process of selection and training of supervisory personnel. Is it enough to select the "best" practitioners for promotion to supervisory positions, or need thought be given as well to other additional and special qualities and skills required—for example, teaching capacity? Fortunately some criteria are being developed, and agencies and schools are taking more responsibility for formulating and instituting training programs for potential and practising supervisory staff. There is a serious need for the recording of actual supervisory conferences so that the concepts, process, method, and content of supervision can be examined directly.

It is heartening to note, however, that just as we are undertaking more critical systematic research into process and method in casework, we are now at the point of initiating study into social work supervision. Hopefully such research, characterized by more definitive formulation and testing of principles upon which supervisory methods are based, may make a significant contribution to the total profession.

GROUP WORK SECTION

BY GISELA KONOPKA

The Generic and the Specific in Group Work Practice in the Psychiatric Setting

AFTER HIS ISOLATION of the yellow fever bacillus, Walter Reed wrote to his wife: "The prayer that has been mine for twenty years that I might be permitted in some way or at some time to do something to alleviate human suffering has been granted. A thousand happy New Years. . . ."

I always feel a bit jealous of the natural sciences, because they may discover something tangible, and because their alleviation of human suffering is clear-cut and observable. The moment we enter the interpersonal sphere the picture changes. We are not only related to many interacting

factors but are also subject to changes effected by time. Human relationships, mores, and ways of life inevitably change. Our task of research is, therefore, a continuous one and should be sustained in the knowledge that it is unending. Because of the nature of our work we should be especially patient, cautious, and humble. Yet, after twenty years of research, I feel some shame looking at Reed's happiness. How many claims are made in the psychiatric and human relations field after one or two experiments! And how we are plagued by the "sureness" of many theories and methods, each presented with an almost religious fervor and with a rejection of every other claim. This is neither humility nor the scientific spirit and it will not lead to a fulfillment of Reed's prayer "to do something to alleviate human suffering."

I am saying all this at the beginning of my paper because I want it to be under-

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stood that in speaking about social group work as a helping method in psychiatric settings, I too will make claims. They are based on my own experience and those of others. Yet they need far more testing. They also must be viewed in conjunction with many other endeavors in work with disturbed, unhappy, and mentally sick people. We are focusing on *one* method, work with groups, but I want it to be understood that I do not consider this to be a panacea nor the only method to be used.

Recently I visited an institution for very disturbed children which gives, in my opinion, excellent all-around treatment. Yet, among the medical and psychiatric staff, controversy raged as to whether one should use *only* psychotherapy or whether it was also permissible to use some of the newer medications. I was floored by the dogmatism of those who would not permit anything but psychotherapy. I could not see the "either-or" point of view. To make sure that it was not just my lay thinking, I checked with one of the outstanding training analysts in the country. I was relieved to hear, "You are just too polite. I would have bashed their heads together! Nobody can insist on *one* method being the only one. It always will depend on the individual case."

If I try in this paper to clarify the generic and the specific in group work practice, I must advance definitions and opinions, and will try to be as clear as possible. My formulations are presented as a basis for discussion, not as a final word.

I will not start with definitions, but will follow Annette Garrett's example in her thoughtful article in the Symposium on Psychotherapy and Casework given in 1949.¹ She refused to start with definitions, because "one can arrive at any conclusion one wishes" by stipulating particular meanings. Instead, she looked realistically at

what the caseworker did and at the way his work developed. We can follow the same path in group work in order to understand what belongs to all of us in the same profession with similar skills, and what is specific in different settings.

WORKING WITH GROUPS

Work with groups in a helping capacity is as old as humanity. It is the conscious use of the method transmitted in a concentrated and systematic way which we now call social group work and which we are reexamining today.

We have by tradition, and often by teaching, identified group work with the informal recreational and educational agencies. Historically it is much broader than this. As long as social work was a broad endeavor it related itself to many different societal institutions. The bond which united the profession was its concern for suffering human beings and the protection and care of all those who could not care for themselves. These included children and young people, those who were poor and those who were sick, and those who were disadvantaged for economic reasons as well as those who were handicapped because of ignorance and prejudice.

At the time of the great social reforms of the nineteenth century, at the "watershed" of American history as Henry Steele Commager calls it, the social worker stood for child labor laws, for family services, for care of the unmarried mother, as well as for decent playgrounds in overcrowded city streets. He stood for work with the foreign born in settlement houses, for constructive and creative youth activities—as in the emerging youth organizations—and concern for and help to the lonely young men and women who moved into the industrial areas—as exemplified by the YMCA's and YWCA's. We must not forget that at this same time social workers made an earnest effort to use every available knowledge to be as effective as possible. While Mary

¹ Annette Garrett, "Historical Survey of the Evolution of Casework," *Journal of Social Casework* (June 1949), pp. 1-11.

Richmond, through her close contact with the beginnings of medical education, began to develop the details of the casework method, the early pioneers did not overlook the importance of group relations. Mary Richmond herself, with her keen sense of the essential, presented the following thoughts to the National Conference of Social Work in 1920:

This brings me to the only point upon which I can attempt to dwell at all, to a tendency in modern case work which I seem to have noted and noted with great pleasure. It is one which is full of promises, I believe, for the future of social treatment. I refer to the new tendency to view our clients from the angle of what might be termed small group psychology. . . .

Halfway between the minute analysis of the individual situation with which we are all familiar in case work, and the kind of sixth sense of neighborhood standards and backgrounds which is developed in a good social settlement, there is a field as yet almost unexplored.²

Five years before this paper was given, Zilpha Smith had pointed out that field work should always be in a family agency as well as in a neighborhood agency: "The kinds of social work which do not in the long run require both the family and the group work method as approach are few."³

It was only with the increased interest in method and technique in social work that group work and casework separated sharply. Some of us may regret this. Some of us may think that it was healthy, because it forced the development of tools. However we may view it from the 1955 vantage point, we must accept the fact that the two methods developed somewhat differently. It is important, though, to state that we have

returned in recent years to a clearer focus on underlying philosophy and services and we are at a point where we can better define our concepts and principles. In this way we may develop *generic social work thinking*, and move away from the heavy emphasis on method alone.

Much of what I present here as generic group work obviously belongs also to other methods in social work.

VALUES

Method in social work is by necessity related to *values*. Since we deal with relationships among human beings, ethical values permeate the whole fabric of our work. We have sometimes tried to imitate "scientific attitudes" by trying to avoid value judgments or by trying to create an "impersonal atmosphere." I do not need to argue against this here. It was demonstrated not only that this did not work but also that it was harmful to the person in need, to the social worker, and to the reputation of the profession. Since the roots of social work lie in religion and in humanism, the values it represents are those common to societies based on those philosophies:

The belief in the dignity and worth of each individual

The right of each individual to full development of his capacities

The responsibility of each individual not to harm or misuse others

The responsibility of each individual to contribute to the common welfare—within the limits of his capacities.

These values are incorporated in the most recent definition of social group work: "The group worker enables various types of groups to function in such a way that both group interaction and program activity contribute to the growth of the individual and the achievement of desirable social goals. The objectives of the group worker include provision for personal growth according to the individual's capacity and need, the adjustment of the individual to

² Mary Richmond, "Some Next Steps in Social Treatment," in *The Long View* (New York: Russell Sage Foundation, 1930), pp. 487-488.

³ National Conference of Charities and Corrections, 1915, *Proceedings*, p. 624.

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other persons, to groups and to society, and the motivations of the individual toward the improvement of society, the recognition by the individual of his own rights, limitations and abilities as well as his acceptance of the rights, abilities, and differences of others."⁴

These values coincide with values expressed in mental hygiene as seen in the last White House Conference Report which defines healthy personality as being happy and responsible. We sometimes present the development of group work as if in the beginning it was all activity, and as if only later did we add the understanding of the emotional forces of interaction and relationship to the worker.

This is a misconception, and we see it if we follow the literature back into the past. Perhaps theories were expressed in different ways (they usually are) but there was early sensitivity to the emotional impact of group relations. For instance, Jane Addams, in 1909, wrote about a group of young people who were drug addicts and how the settlement house worked with them: "It is doubtful whether these boys could ever have been pulled through unless they had been allowed to keep together through the hospital and convalescing period, unless we had been able to utilize the gang spirit and to turn its collective force towards overcoming the desires for the drug."⁵

Miss Addams' thinking is not different from what we are finding today in our discussion of therapy groups or in work with street gangs.

In the early years of the twentieth century we find Hull House experimenting with housing groups of mentally sick patients released from the hospitals. This was the result of Julia Lathrop's trip to Europe

during which she had observed the placement of mentally sick people in the community and produced her ardent plea for such an experiment: "If familiarity taught the peasants of Gheel not contempt, but fearless sympathy and skill a thousand years ago, why should we learn less readily now?"⁶

Our group work theory and principles have grown out of well-observed practice and knowledge acquired in sciences dealing with human behavior: psychiatry, psychology, sociology, anthropology, and related disciplines, namely, education and our sister method, casework.

Our developing concepts related the individual to group process and to society. It is perhaps social group work's greatest contribution to present-day social work that it never, even in theory, isolated the individual from his physical and human environment. While the group worker learned, from psychiatry and casework, a growing awareness of individual differences and dynamics, he constantly kept alive his awareness of the individual's relatedness to others. It is interesting to observe that psychiatry itself now is struggling to return to this insight. This is exemplified in Nathan Ackerman's writing, in the recent interest in more family-centered psychiatric treatment, and in the small group approach to the family. These will give increased impetus for a united endeavor of the different professions.

GENERIC GROUP WORK CONCEPTS

What are some of the generic concepts and theories of social group work? I shall try to summarize them in three parts: (a) in relation to the individual, (b) in relation to the group, and (c) in relation to society. All three parts are interrelated and only presented separately for greater clarification.

In relation to the individual. We consider the human being as a whole: physical,

⁴ Quoted by Grace Longwell Coyle in "Social Group Work," *Social Work Year Book 1954* (New York: American Association of Social Workers, 1954), p. 480.

⁵ Jane Addams, *The Spirit of Youth and the City Streets* (New York: Macmillan Co., 1909), p. 66.

⁶ National Conference of Charities and Correction, 1909, *Proceedings*, p. 197.

mental, emotional, and spiritual. As social workers we are dealing with all of this and not only with a part. We see the human being as a social being who is in need of interdependence all through his life. There is always a struggle between dependence and independence according to the different stages of development. The human being has a capacity to grow and change (there can be disruptions, blocks, regressions). Human behavior is influenced by values which are strongly formed by the primary group, the family, but secondary groups also have a great influence, and it grows with increase in age. We recognize that each human being has his own self-image which is largely formed by his relationships to others. The role an individual plays varies in different situations. We ought to be aware of this, since most of the time we deal only with a part of a person's life and in a specific relationship.

Most of our personality theory is based on knowledge derived from psychoanalysis but there have been modifications in recent years. For example, in schools of social work we have taught the stages of development according to the teachings of Freud. We are beginning to rethink them together with such writers as Eric Erickson and Ian Suttie, the latter an English psychiatrist whom I consider especially interesting. Suttie puts greater stress on early affectionate feelings and sees human development not as a constant struggle with frustration of instincts, but more as a development of this early interdependence. I cannot take a stand at this moment as to the soundness of this theory. I do not think that we in social group work have taken a stand, or should. We have accepted the thinking of dynamic emotional development and recognized that behavior is always purposeful (conscious or unconscious) and that there is ambivalence in every human being. It will be our task as well as that of other professions to continue our search for better understanding.

In relation to the group process. Our

thinking has been based mainly on sociology and our own observations. We consider the group to be two or more people in interaction who can be regarded as a separate whole from other such formations. This concept separates it clearly from the concept of "mass." It also separates it from an accidental and loose gathering of several people. The degree of interaction may be varied and will depend greatly on the maturity, health, and purpose of the group and of the individuals composing it. We consider *bond*, the feeling of belonging, as one of the most important parts of a group. The measurement of its degree is a very valuable diagnostic tool for the social group worker. It is not always based on friendship feelings but sometimes on life interests, on aspirations, or needs. As part of the group process we must be aware of *group goal* not only in its content but also in its origin. We must distinguish between conscious and unconscious group goals.

We have to see the acceptance-rejection pattern in the group and recognize it again as dynamic. Part of this is the understanding of subgroups and what they mean to individuals, of isolation and leadership, and of scapegoating. The latter is a group equivalent to projection in the individual.

We see the group as a power to give support, to reject, to express hostility, to develop the phenomenon of contagion. We see it developing conflicts and solving conflicts through withdrawal of one part of the group, subjugation, majority rule and minority consent, compromise, and integration. Finally, we consider decision-making in a group to be one of the achievements in the life of individuals and communities.

In relation to society. We see culture as a value determinant in individual and group behavior, yet we must recognize that it is not a mechanical one and that we never can stereotype individuals in a particular culture.

We recognize social and economic environment as an important factor in influencing behavior as well as personality struc-

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ture. The status of the individual or the group to which he belongs or feels he belongs has a great meaning to him.

We know that most societies, including our own, are stratified and that it helps us in our understanding to know the specific stratum from which the individual emerges, which he accepts or rejects. This includes not only the economic situation but the social, his professional or vocational affiliations, and his religion.

We see functions of social institutions as determined by historical development, popular consent, and law. We consider them changeable.

PRINCIPLES AND METHODS

If those, summarized, are our concepts and theories, our principles and methods grow out of them, and our value system. Some of the principles we all can agree upon are:

The right of the individual and the group to self-determination as long as this right is not misused by limiting that of others

The right of individuals and groups for participation in decision making

The ethical use of confidential material by the social worker

The use of the group work method only when competent judgment calls for its value to the group

The use of consultation, when need arises.

A *method* is a "special form of procedure, in any branch of mental capacity." Its main characteristic is that it gives only general directions but *never* allows the practitioner to simply follow the same rules. He must always adapt it according to his diagnostic understanding of the individual or the group. A good practitioner must be able to modify the basic guidelines according to the needs of the given situation.

Such guidelines and essential parts of the generic group work methods are:

The function of the social group worker is a helping or enabling function. This

means that his goal is to help the members of the group and the group as a whole to move toward greater independence and capacity for self-help.

In determining his way of helping, the group worker uses the scientific method: fact finding (observation), analyzing, and diagnosis in relation to the individual, the group, and the social environment.

The group work method includes the worker forming purposeful relationships to group members and the group. This includes a conscious focusing on the needs of the members, on the purpose of the group as expressed by the members, as expected by the sponsoring agency, and as implied in the members' behavior. It is differentiated from a casual unfocused relationship.

One of the main tools in achieving such a relationship is the conscious use of self. This includes self-knowledge and discipline in relationships without the loss of warmth and spontaneity.

There should be acceptance of people without accepting all their behavior. This involves the capacity for empathy as well as the incorporation of societal demands. It is the part of the method that is most closely intertwined with a high flexibility and abundance of warmth in the social group worker, as well as identification with values and knowledge.

Starting where the group is: the capacity to let groups develop from their own point of departure, of capacity, without immediately imposing outside demands.

The constructive use of limitations: limitations must be used judiciously in relation to individual and group needs and agency function. The forms will vary greatly. The group worker will mainly see here himself, program materials, interaction of the group, and awakening of insight in the group members.

Individualization. It is one of the specifics of the group work method that the individual is not lost in the whole, but that he is helped to feel himself to be a unique person who can contribute to the whole.

Use of the interacting process. The capacity to help balance the group, to allow for conflict when necessary and to prevent it when harmful. The help given to the isolate, not only through individual attention by the group worker alone but also by relating him to other members.

The understanding and conscious use of non-verbal as well as verbal material: I put non-verbal material first, since the group worker deals a great deal with this, especially in work with children. His capacity to use program materials, which do not demand verbal expression and yet are helpful, should be very wide.

Specific group work tools⁷ are:

- The use of program media
- The use of group interaction
- The use of discussion method
- The use of individual interviews (outside the group)
- The use of individual contacts (inside the group)
- The use of consultation
- The use of referral
- The writing and use of case and group records
- Observation.

SPECIFICS IN PSYCHIATRIC SETTINGS

If what I have presented are generic group work principles, then what are the specifics in the psychiatric settings?

After much struggle, psychiatric casework evolved a definition of its work as "case work practiced in a psychiatric setting in collaboration with a psychiatrist." This clarified the focus of generic casework as nothing "special" in method, but special in the profession with which it collaborates.

It would be simple to parallel this in group work and state that group work in psychiatric settings is "group work in psy-

⁷ I prefer the use of the word "tool" to the use of the word "technique," because to me technique implies the possibility of mechanical handling, which is never permitted in group work.

chiatric settings in collaboration with psychiatrists."

Yet (perhaps because of our historical development) we do see in practice some specifics and we must at least investigate them.

I repeat—basically all group work is related to the purpose of its agency, and method must be used judiciously. The practitioner confronted with a YWCA teenage group will start at another point, move at a different speed, and help with different program content than the group worker dealing with a street gang. The main professional skill lies in *diagnosis* and in the capacity to use one's tools with flexibility.

The people we work with in psychiatric settings are sick, and our focus is on helping them to recover or improve. The specifics of our methods, therefore, are:

Intensified individualization and less emphasis on group goal. (I am not saying "*no* consideration.")

An especially high skill in and focus on formation of groups. Most, though not all, such groups are formed groups.

Skill in dealing with emotionally charged verbal material in discussion groups, especially with adults

More intensive acquaintance with medical and psychiatric knowledge than is needed in some other aspects of group work practice

Capacity to accept other professions, yet to keep one's own identity and be able to interpret it to others

Capacity to accept mental and emotional illness and work with it.

I hope that we may have some discussion regarding these specifics. In some degree they will appear in other aspects of practice, but I consider them especially necessary in this area.

GROUP WORK AND GROUP THERAPY

At this point I cannot avoid getting into the question of group work and group therapy, since I included the need for the

Group Work in the Psychiatric Setting

skill in discussion method. Actually there is little sense in quarreling about definitions. At the meeting of the American Orthopsychiatric Association in 1948, some forty definitions of psychotherapy were collected. And if we accept Harry Stack Sullivan's definition of psychiatry as "the field of interpersonal relations, under any and all circumstances in which these relations exist"⁸ all of us would be practicing psychiatry. I am afraid that I cannot quite accept this wide definition. In a very important attempt at clarifying the concepts of the group in education, group work, and psychotherapy, Clara Kaiser gave the official definition mentioned in the beginning of this paper while Saul Scheidlinger defined group psychotherapy as representing "the planful harnessing of the motivational forces inherent in face-to-face groups for purposes of treating emotionally disturbed individuals."⁹

This parallels Fritz Redl's early definition given in a letter to me in 1947, calling our work with groups "therapy" if a "repair job" is involved. I personally can agree with both of those definitions and would not mind saying that the group worker in those settings and in several others is therefore doing group therapy.

We have hesitated in social group work to say that we do therapy because we wanted to avoid the idea that group work in psychiatric settings is qualitatively different and perhaps of a higher status than other group work, and the temptation to become little psychiatrists and lose our own identity as social workers.

I think that this was wise, but it has its shortcomings because we left the field open

to too many others who actually are less well qualified than the social group worker to work with patients in groups. And therefore I am repeating what I said to another group recently:

We did not avoid the word therapy because we did not think we worked and could work with disturbed and unhappy people or because we thought that the group worker can only work with activities and not with verbal material. I want to make my point as clear as possible: a social group worker is a social worker and he should know individual dynamics and the impact of environment on the human being. He should know community resources. His skill should consist of dealing with the individual in the context of the group and in aiding the group process. He should be able to do this through the media of the spoken word and different program activities. It seems almost amusing to me that in some agencies the group worker is called upon to conduct groups even with disturbed people as long as the group uses activities. The moment those same people begin to talk in a group, it is assumed that the group worker's usefulness has reached its limits. In my opinion, it is not a question of whether there is talking or not, but what one talks about. I hold no brief for the social worker, either case worker or group worker, who wants to be a little psychoanalyst and gets himself involved in dealing with many unconscious, repressed feelings. This area belongs to the medically trained psychiatrist. As social workers, we have a specific and important contribution to make. It lies in our capacity to work with feelings directly related to the actual people, around the client, the father, mother, playmates, teachers, etc. As social group workers we not only have the skill of observing a group but also the skill of diagnosing it quickly...¹⁰

⁸ Harry Stack Sullivan, "Conceptions of Modern Psychiatry," *The William Alanson White Psychiatric Foundation* (Washington: The Foundation, 1947), p. 485.

⁹ Saul Scheidlinger, "Group Psychotherapy" in a Round Table given at the American Orthopsychiatric Association Annual Conference, February, 1953.

¹⁰ Gisela Konopka, "Social Group Work in Relation to Treatment," paper given at the Alumni Conference at the School of Social Work, University of Michigan, April 6, 1955.

I should like to add that our specific skill as social group workers also lies in our focus on and our skill in helping patients toward some reality achievement and the resulting self-confidence. Our responsibility also lies in changing the environment, if it is necessary, through legislation or other action beyond the direct help given to the patient.

To return to the definition: I would prefer to say that we are always doing social group work when in psychiatric settings, but that we are not afraid of the word therapy if that is the goal of our work. I cannot help but agree with Annette Garrett when she calls this whole question "a two-cent semantic one" or Gordon W. Allport who says, "We quarrel . . . over the hairlike boundary between case work and psychotherapy, while most of the world has never heard of either. . . . Specialism is a peculiar hazard in any profession devoted to helping people in distress . . . distress defies job-analysis."¹¹

There is no question that if we can agree on the general and specific of social group

¹¹ Gordon W. Allport, "The Limits of Social Service," Columbia University Bicentennial Celebration June 2-5, 1954 (mimeographed material).

work as it was presented, or if we make some changes, they will have implications in our teaching of students entering the psychiatric field.

I have refrained in this paper from presenting case material. It is there where the theories, the concepts, and the principles come alive. Yet, if we want to teach we must work out theories without becoming dogmatic. Beyond the capacities and skills that I presented in this paper, the basis of all social work skills remains the deep concern for anybody who suffers, and the real capacity for empathy.

I borrow from Eric Erickson:

Only in so far as our clinical way of work becomes part of a judicious way of life can we help to counteract and re-integrate the destructive forces which are being let loose by the split in modern man's archaic conscience. Judiciousness in its widest sense is a frame of mind which is tolerant of differences cautious and methodical in evaluation, just in judgment, circumspect in action, and—in spite of all this apparent relativism—capable of faith and indignation.¹²

¹² Eric H. Erickson, *Childhood and Society* (New York: W. W. Norton & Co., 1950), p. 371.

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MEDICAL SOCIAL WORK SECTION

BY WILLIAM E. GORDON

The Challenge of Research to Today's Medical Social Worker

THE SUBJECT GIVEN me implies that research has a challenge for medical social work. I should like to add that medical social work has a very real challenge for research. It has so thoroughly challenged at least one researcher during the past two years that he has had to look as often at what is wrong with research as at what is wrong with social work in trying to get on with the study program of your Association. In spite of the topic assigned, therefore, I would like to be free to mention some of the problems in research as well as in social work, as we consider what research might offer to strengthen the profession and enhance its contribution to society.

My comments can be roughly grouped around three general questions: Where are we today in regard to research in medical social work, where do we seem to be going, and what, if anything, can we do about it?

With regard to today, I wish I could say

that some brilliant and penetrating discoveries have just been or are about to be made through research in medical social work. I wish I could even hint that some huge study promising to revolutionize the field was at least in the planning stages. I do not believe this is true, and I am not really sure it should be. The history of science shows that with few exceptions the flashes of insight, the penetrating view of significant relationships, the truly significant discoveries from Newton to Freud, arose from much humbler and quieter activities than are required to execute the massive all-embracing studies which tend to be idealized today.

It is true that there are many ideas being discussed in the field today, perhaps a greater variety than ever before. Some of these arise from changes in the nature of medical and medical social practice, others from the impact of neighboring disciplines coming into the field of medical care. Some of these ideas, even though they seek to carry the label of "scientific," are really hypotheses seeking to be tested, others are new formulations of old problems, and some are even old ideas dressed up in new

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words. Among these many ideas, plus others yet to come forth, will no doubt be found the precursors of the truly significant kind of research that I think does not exist today. This is the first challenge I would suggest in these days of probably significant ideas, if not significant research: respect your ideas and nurture them, pursue them a bit and see if perhaps they may be capable of fruitful growth. The significance of newborn ideas, like newborn babies, lies in their potential for growth and not in their initial size or noisiness. I think it as likely that these new ideas, most significant to the sound and steady growth of the profession, will come from within the profession as from without—from those who daily encounter the realities with which the new ideas are needed to deal as from those often far removed from that reality.

Even though I cannot report to you that research in social work is characterized today by substantial recent or imminent discoveries, I can say with considerable conviction that the potential for meaningful research is as great, perhaps greater, than ever. Here are some of the things which it seems to me greatly favor your use of and contribution to research:

First, your widespread and enduring interest and willingness to study your own practice as well as the problems that interfere with the patients' health and recovery. This is demonstrated by your numerous studies over the years, the existence of an active and study-oriented Committee on Medical Social Work Practice, and, from what I can gather, a membership that in general wants to be related to a study program and to interdisciplinary research. This is certainly an essential condition for the use of research in the profession.

Second, I would mention, as I did some years ago, the unique position of social workers in their opportunities to observe at first hand the important realities of human living. I doubt that members of any other profession or discipline have either the inclination or the opportunity

to view people and their lives so nearly whole. Social workers, of course, have long been aware of their unusual opportunity to so directly observe people and their life situations—and, because of their training, to observe with understanding. For the most part their professional literature is grounded on these firsthand observations and derives strength therefrom. Social workers have, however, felt the lack of more systematic and objective means of making these observations around focusing questions and hypotheses, and with methods that can make them more than individual impressions. Until the latter are available, much of this great potential for scientific observation in the daily course of practice will remain undeveloped, except as neighboring professions and disciplines increasingly see you as useful observers for testing their own hypotheses or pursuing their own questions. This undeveloped potential is a challenge both to social work and to research, a challenge to find a way to utilize it to the good of the profession and the welfare of those whom it serves.

A third factor in the potential I see for meaningful research in medical social work is your strong awareness of problems that need to be worked on, if I may judge from the sample to which I have been exposed as a research consultant to your professional organization. Although problem-consciousness may at times make the world seem rather overwhelming, even depressing, it is to be preferred to that form of intellectual myopia which blinds one to all but the most obvious things amiss. This strong problem-alertness also has its drawbacks. So many problems are identified that beg to be studied that an additional problem is added—where to start, in view of the limited resources and time available to study them. In this connection I have been impressed with the steady view of your Committee on Medical Social Work Practice in keeping focused on the longer-range problems and refusing to be stampeded into what we in research call fire-fighting studies.

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—studies begun only after the problem is so critical that it will be resolved by other means long before the study is complete.

The fourth and not the least important aspect of your potential for use of research is your generally strong orientation to the realities of situations confronting you, that is, to things as they are. At some risk of being misunderstood, I would add that it seems to me that medical social workers are the least theoretically and the most realistically oriented of all social workers. To whatever extent this strong sense of realism is correct, it is a real strength in your use of research which must always keep at least one eye clearly focused on "what is" while theorizing about what may be, could be, or should be. To whatever extent there is too little theoretical emphasis it can, of course, be a weakness in your professional base and also render you vulnerable to the invasion of your thinking by externally developed theories without regard for their capacity to fit the reality of your profession and practice.

OBSTACLES AND LIMITATIONS

Against the potential for research shown by your interest and willingness to engage in it, some leadership from your national committees, unique opportunities to observe, problem-awareness, and good sense of what is real, what are some of the things limiting full use of this potential? This is an old question, and many of the answers are old: no time to engage in research, little real support where time and money are involved, limited training of practitioners for research, and feeble or nonexistent research methods available for the really important questions. I would like to grant the reality of these old answers for the most part and go on to some slightly different ones. The ones I would like to talk about are no less real, but I believe they are more fundamental to our getting ahead with research, both on an individual and interdisciplinary basis. They are not easy ob-

stacles to remove, and while I can suggest some things you can start on tomorrow, I will also add that only the youngest of you will probably see them finally overcome.

First, a couple of obstacles in research itself. Social work research has been so busy for so many years selling itself that it has neglected to give proper attention to the development of its own methods. Now that social work has given it at least a slow "go" sign, if not a "high ball," it finds itself not properly tooled up to produce. Social work research is not the first group in which the sales department overcommitted the production department, nor from all signs will it probably be the last. Most of the tools in social work research, even when in the hands of the experts, are too blunt for the kind of questions being raised in social work today. The choice seems to be to continue to hack hopefully at the edges of these problems with our traditional methods, or courageously to face reality and fashion some better ones. Social work research as a whole has not made that decision and I am not sure it is yet fully aware of its need to do this.

The second obstacle in research, probably underlying the one I just mentioned, is more serious. Social work research has been slow to recognize, along with most of social science, that research methods alone or theory alone do not constitute a science in any field. The problems today in social work in general require the tools of a complete science—one that not only achieves some balance between its fact-gathering efforts and its theoretical production, but manages to get them meaningfully connected so that theory has some basis in fact, and fact-gathering has some guidance from theory. Social work research still remains largely methodologically oriented, and only by the most liberal interpretation do its facts form any reliable connections with the important aspects of social work theory. I have put it another way on occasions. We can sometimes come up with some good answers in social work research

but they are too often answers to the wrong questions. For the most part, this is the problem of the social sciences in general from which social work research attempts so often to take its methods. This is a problem that researchers in the social work and social science fields must largely solve for themselves, but it is fair for you to know, if you do not already suspect it, that not all of the difficulty lies with social work.

SOME SUGGESTIONS

And now what must medical social workers do? A part of the gap between social work and scientific research has to be closed by social work just as I have suggested that a part of it has to be closed by research. In suggesting some things to and about you in this connection, I may come dangerously close to engaging in what seems to be a popular sport these days—interpreting social work to itself. I often think it would make interesting reading if, sometime, social work would interpret researchers, sociologists, anthropologists, and others, each to themselves. Dr. Lawrence Kubie, the well known psychiatrist, did this for scientists in general recently and published it in one of our own journals, *The American Scientist*.¹ It was very illuminating, helpful, and quite painful! While we are waiting for you to do this, however, I would like to suggest a few things that are indicated when your profession is looked at from the scientific frame of reference—things that you can work at which will strengthen your profession and its acceptance, and which also have to occur to some degree before you can engage in significant research.

First I would suggest that more effort should be made to be conscious of and more articulate about the theory or knowledge by which you practice. This is not an indirect way of saying, talk so others can un-

derstand you. Rather it means, become more aware of and able to speak clearly about the generalizations, the formulations, and the concepts behind your practice. It has always seemed to me that you can demonstrate your effectiveness much more readily than you can identify and communicate what you know that makes you effective. I think you are, therefore, often held in higher esteem for what you can do than for what you are thought to know. This may be personally satisfying but it is professionally dangerous in this science-oriented age, which increasingly demands that professions be knowledgeably rather than personally underwritten. In addition, this makes your acceptance and therefore your opportunity to contribute more dependent upon your personality than on your professional competence. Without minimizing the personal element in professional practice or reflecting on the personality of social workers, this situation weakens your professional acceptance, especially when you practice in close proximity, if not always in collaboration, with other disciplines which rightly or wrongly can articulate more clearly than you can about the theoretical knowledge on which your practice is based.

Lack of clarity and systematic articulation of the knowledge on which your practice is based has equally serious implications for teaching and research, which time does not permit me to consider here. As you probably know, one of the subcommittees of your Committee on Medical Social Work Practice is making a frontal attack on this problem in attempting to identify and more clearly set forth the conceptual-theoretical basis of your practice as medical social workers. Do not expect too much from them too soon, or of yourselves, as on occasion you attempt to give the theoretical basis for your recommendations or actions. At least two problems face you in attempting to formulate and articulate your theory more clearly. By theory here I mean the intellectual component of your profession—the special “knowing” that warrants your

¹ Lawrence S. Kubie, M.D., "Some Unsolved Problems of the Scientific Career, Part I," *The American Scientist*, Vol. 41 (1953), pp. 596-613.

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being regarded as professional and entrusted with certain functions not entrusted to others. First, as experienced practitioners, you have probably incorporated the theoretical base of your practice so deeply that these theoretical considerations on which you draw are not always readily apparent to you and certainly are not readily articulatable. In fact, the ability to operate by a sort of learned intuitiveness is probably an important part of professional maturation, but to whatever extent it also entails loss of ability to become conscious and to articulate when necessary it has its disadvantages.

A second obstacle facing you in being more articulate about your theory springs from the diversity of knowledge which you must possess to function effectively—knowledge of illness as a physical organic phenomenon, its psychology, and its sociology and economics, to mention only the major areas. Even the professional theory builders have not succeeded to any degree in blending these different conceptual systems (suggested by the terms organic, psychological, economic, and the like) into a theory that can encompass the diversity of phenomena which you encounter and must deal with purposefully in your practice. Thus we still have, to a considerable extent, the psychology of illness, the sociology of illness, and the economics of illness. None of these alone is sufficient for the practice of medical social work and yet aspects of all are involved. If medical social work should ever become as proficient in theory building as it is in practice, I believe its chances for producing an integrated psychosocial-somatic theory would be greater than that of any now existing partial theory. I can say that if only because, to a considerable extent, you are daily using many of the pieces of that broader but unformulated theory in trying to deal with real people and real problems which are not neatly tagged "psychological," "sociological," "economic" and the like. This, of course, is why you are so often needed in studies that require

some observations and information concerning the interrelated social, psychological, and economic influences on health and illness. These studies, conducted by someone else and to which you can contribute, are fine; but unless they provide for your testing and extending your own knowledge, they contribute only to your appreciation but not to the growth of your professional base.

All of this is to remind you that you should not expect a formal theory of medical social work to spring immediately and clearly into existence in spite of the great need for it, and to urge you to be more alert, able, and comfortable in giving the rational, theoretical basis for your practice. In this may well lie the seeds of a more fruitful synthesis of human knowledge than has yet been achieved. More practically, perhaps, to whatever extent you do not become more articulate about the knowledge on which your practice is based, the more you can expect to have other disciplines articulate, and to some extent claim as their own, the hard won insights of your own experience.

As a second suggestion for enhancing the scientific orientation of the profession, I would name greater confidence in at least some of the knowledge on which your profession is based. I know that this sounds exactly opposite from what you usually hear from researchers who admonish you not to be so sure of what you think you know, but to hold everything tentative until they can prove or disprove it for you. You will note that the researchers give you no deadline for this, nor would they probably accept one if you asked them when they would have your theory cleaned up and ready for truly scientific practice. The net result of this constant haranguing may have been to weaken your intellectual ego, if I may use that term, to the point where in defense you become intellectually rigid toward new ideas, on the one hand, or intellectually dependent and unselectively vulnerable to them, on the other. (I am sure that all of you can find yourselves in

the happy middle ground of being flexible and discriminating with regard to holding on to the old and taking on the new, and will realize that I am speaking only of extremes to illustrate my point!)

Lack of appreciation of and confidence in the knowledge on which your profession is based not only has repercussions in your attitude toward research but also on how you present yourselves and your practice to others. There seems to be some indication, for example, that your colleagues are often ready to, and do in fact, trust your professional judgment more than you trust it yourselves, or at least more than you are willing to admit to them that you trust it or accredit its soundness. One of the current studies sponsored by your organization, to which some of you may have contributed, attempts to put a sort of process microscope on some of your contacts with professional colleagues. While it is not my business here to talk about findings of a pilot study not yet completed, I may mention one of the hypotheses that I think needs to be tested further. It is that medical social workers in such contacts more often contribute facts and inferences than professional judgments—the latter in the sense of being decisive, explanatory, or predictive statements based upon technical theoretical knowledge, and for which they hold themselves professionally accountable. How much of this is due to their not being asked for such professional judgments would also have to be examined, of course, before this could be interpreted as reflecting a lack of confidence in the soundness of this technical knowledge and their ability to use it. I have met this situation most directly, perhaps, in planning research studies. When the study design calls for some rather specific predictions or predictive judgments to test the validity of a given procedure or hypothesis, I have noted a reluctance to predict, except privately, even though the capacity to do so frequently turns out to be surprisingly good.

Somewhat more faith in the trustworthi-

ness of your professional knowledge would not only help in relating to research but also in developing some sophistication about science in general. You have been told repeatedly that you are working largely on the basis of unverified assumptions and hypotheses, and so you are. You perhaps have not as often been reminded that so is everyone else, including our most renowned physical scientists. It just so happens that some of these unverified assumptions and hypotheses prove to be very workable and effective ways of dealing with reality, ranging from the building of a hydrogen bomb to helping a patient accept surgery. The "scientificness" of a formulation or concept is not determined by definition, formula, or label, but by its capacity logically to account for the known and correctly to predict the presently unknown, whether that be the fallout of a future nuclear explosion or how Mrs. Smith will follow her insulin regime during the Christmas holidays. More immediately apropos of the matter of scientific sophistication, I have repeatedly noted the reluctance of social workers to put down the generalizations by which they operate because they sound so "unscientific" in their workaday words. I have also seen them respond in the next moment with deference to the same *idea* with an unfamiliar or esoteric label, couched perhaps in brighter but no more rigorous terms. In leaving this point, I would remind you again that the essence of the most scientific formulations, including the law of gravity and those of thermodynamics, is expressible in the simplest of terms, and their science lies not in their words but in their capacity to explain and predict reality.

Third and finally, in suggesting how you can more helpfully relate yourselves to research, I would name the need not only to be aware of the knowledge by which you practice but also to be more aware of how you use it—of how you think, if you will. Based upon a good deal of experience ranging from helping students define their thesis problems to working with mature prac-

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titioners on much larger problems and issues, I am convinced that social workers know a great deal more about how they and others feel than about how they and others think. In part, I suspect that those of us in schools of social work are responsible for your being more aware, knowing, and disciplined in your feeling than in your thinking. In teaching you not to intellectualize and rationalize when you ought to be feeling, we may not have stressed enough those situations when you should be thinking instead of feeling. In emphasizing the great importance of unconscious feelings in our general behavior, and the need to be aware of and consciously to discipline these feelings, we may not have stressed the importance of largely unconscious concepts in our thinking behavior, and the equal need to become aware of and to discipline them in operations requiring thinking. Research and scientific effort in general require relating to ideas and concepts and words in a not totally different way from what casework requires in relating to people. We can over-identify with or reject ideas and concepts and words, we can become quite emotionally involved with them, and can even experience perhaps a little of the transference phenomenon on occasion.

This should not be too surprising to us in view of the widespread tendency to confuse words with things, of which the semanticists constantly remind us in their studies. Certainly ideas, concepts, or words may on occasion dominate, control, or block us—become our masters instead of our intellectual servants. While scientists and researchers certainly have feelings, their business is with the conscious, rational, disciplined use of concepts and their verbal expressions in dealing with the brute facts of perceived reality. With this they have been unable to compromise and produce anything of meaning or lasting use. The ability to understand the meaning and significance and involvement of self in words, concepts, and favored types of formulations is as important when one attempts

to relate to research as is the meaning and significance and involvement in emotions and feelings when one attempts to relate to casework. This is perhaps the most important aspect of disciplined thinking—self-awareness at the level of abstract thought, to know your own propensity to favorite verbal symbols and ways of using them, your tendency to conceptualize in characteristic and limiting ways which make one the captive rather than the master of the knowledge with which he works.

Disciplined thinking is learnable, probably within the same limits as disciplined feeling. It is, however, scarcely touched by superficial mastery of the overt techniques of research, any more than a professional mastery of casework is touched by learning its overt acts. Rather, the road would seem to lie along the same hard path of professional development with which you are already familiar, but with some additional signposts. These signposts might read as I have indicated: more confidence in and awareness of the theoretical basis of your practice, more awareness of how you use your knowledge, and more attention to the dynamics of thinking in general.

What, then in brief, are the challenges? To research, it is to work by the standards of a complete science, not a partial science. To medical social work, it is, perhaps, simply to recognize the power and place of knowledge, concepts, and theories in your profession and its practice, and to develop more awareness, facility, and security in handling your own. While this is an essential condition for research in medical social work, I think it is much more. Your knowledge—the concepts, pieces of theory, all that comprises your knowledge—is not only the tool of your daily practice, which enables you to help people in a way that no one else can. It is also the solid base of your profession, the lasting source of your unity, and the real potential for your future development by whatever name or in whatever setting you may be called to practice.

PSYCHIATRIC SOCIAL WORK SECTION

BY AUDREY T. McCOLLUM

A Clinical Caseworker in Interdisciplinary Research

"SOCIAL WORKERS HAVE a wealth of information and practical skills to utilize in research. Their knowledge of human behavior in family and community life is extensive. They have practical skills in interviewing and . . . in keeping good records. But to how many basic problems in social work practice, in psychiatry, and in the social sciences generally their information may contribute cannot be known until they acquire interest and skill in research as such."¹

Social workers have been developing the field of evaluative research within the casework profession. Such research has as its major goal an appraisal of the methods and results of the casework process. This should lead to a sharpening of casework skills and should provide a basis for interpretation of function. The earlier dichotomy between the research social worker who applied research tools to analysis of the case record,

and the clinical caseworker who supplied the record, is closing. Some agencies have already established research departments, and in such agencies the clinicians have developed a research orientation.

A second trend has been the increasing participation by social workers in collaborative (interdisciplinary) research in the mental health field. It has been pointed out that ". . . In a time when skilled psychotherapists are studying the psychodynamics of ethnic prejudices . . . and social psychologists and sociologists are studying the processes of psychotherapy . . . one suspects that research programing in mental health should include some observations on the place of each of the disciplines in some overall plan. . . ."² Such observations should be concerned with the contribution of each profession to the formulation of research problems. They should also, however, be concerned with the utilization of

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¹ Jean M. Arsenian and Georgina Hotchkiss, "Toward a Research Training Program in Psychiatric Social Work," *Journal of Psychiatric Social Work*, Vol. XXIV, No. 1 (October 1954), pp. 42-46.
² Henry S. Maas, "Mental Health Research and the Social Worker," *Journal of Psychiatric Social Work*, Vol. XXIV, No. 2 (January 1955), pp. 72-77.

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skills unique to each profession as methodological tools in the research process. Little is as yet understood about the utilization of casework skills in collaborative research.

It is the hope of the author that a discussion of the experience of one social worker in a collaborative study may contribute to this field of growing interest. An indication of some ways in which casework orientation and skills may be used in research, in contrast to clinical practice, might be of some value to workers planning to participate in other collaborative studies.

THE STUDY

The study under consideration is one set up in 1950 at the Yale University Child Study Center.³ This is a longitudinal study of personality development in infancy and early childhood. There is particular emphasis upon the development of the ego and its mechanisms of adaptation and defense, and the relationship of such mechanisms both to the neurological and physiological equipment with which the child is endowed at birth, and to the environment. It was hoped that through direct observation of the growing child, data could be obtained which would parallel and enrich the reconstructive data concerning personality development obtained in the past through psychoanalytic therapy. Thus, the conceptual framework for observation in this study was that of the psychoanalytic branch of dynamic psychiatry.

This was conceived as a pilot study, in which considerable attention would be given to methodology (the techniques for observing personality development). It was not anticipated that the project would produce results which could be quantified. Rather, it was hoped that there would emerge a series of observations which could be formulated as hypotheses to be tested in future projects, including cross-sectional studies on larger numbers of children.

³ Director, Dr. Milton J. E. Senn, Sterling Professor of Pediatrics and Psychiatry.

The period of the children's lives under investigation was that from pregnancy of the mothers through the fifth year of postnatal life. The study mothers were primiparae attending the obstetrical clinic of New Haven Hospital, who anticipated living in the New Haven area for several years. Although sixteen mothers were included initially, it has since been necessary to reduce the number of families to six (including six first children and five siblings) because of limitations upon staff time available. Generally speaking, the criterion for exclusion of families was that of inability to meet the study requirements (such as attendance of the children at nursery school or ability of the mothers to establish a meaningful relationship with the study staff).

The methodology of this study, as it pertains to accumulation of data, must be defined in terms of staff function, and it is only the function of the social worker which is of particular concern here (other authors have evaluated other aspects of the methodology^{4, 5, 6}). However, the social work function cannot be entirely isolated. The interdisciplinary staff included members from pediatrics, psychology, psychoanalysis, and nursery school education. Not all disciplines were represented simultaneously. Only one pediatrician, one social worker, and the psychoanalyst now serving as study

⁴ Rose W. Coleman, Ernst Kris, and Sally Provene, "The Study of Variations of Early Parental Attitudes," *The Psychoanalytic Study of the Child*, Vol. VIII, pp. 20-47.

⁵ Katherine M. Wolf, "Observation of Individual Tendencies in the First Year of Life," *Problems of Infancy and Childhood*. Transactions of the Sixth Conference. (New York: The Josiah Macy, Jr., Foundation, *1953), pp. 97-137.

⁶ Katherine M. Wolf, "Observation of Individual Tendencies in the Second Year of Life," *Problems of Infancy and Childhood*. Transactions of the Seventh Conference. (New York: The Josiah Macy, Jr., Foundation, *1954), pp. 121-146.

director⁷ have been constant participants from the beginning to the present. Variations in number and composition of the staff have been related to the needs of the project and the age of the children at any given time.

During the first pregnancy of the study mothers, they were interviewed on a regular basis by either a social worker or an educational psychologist. This was for the purpose of obtaining knowledge concerning ways in which pregnancy was being experienced (both as an event of immediate significance, and also in relation to past history and personality development of the mothers). These contacts were then extended into the postnatal years.

After having a single prenatal interview with the mothers, the pediatricians maintained contact with the families from the birth of the children onwards. The traditional pediatric function of medical care of children during illness was carried out. However, in the Well Baby Clinic the more crucial research function was maintained. During the first three years of the children's lives, there was evaluation not only of physical development and health, but also of psychological development, and these two aspects became closely linked in the pediatricians' concern with the total growing child.

During the first two years of the children's lives, a team of psychologists and observers uniquely skilled in the observation and interpretation of neonatal and infantile behavior observed the children, at first in the hospital nursery, later in the Well Baby Clinic.

In the third year, the children began to attend the Child Study Center nursery school. In this setting, a group of psychiatrists interested in studying "normal behavior" observed the children. During the fourth year, these psychiatrists set up regular, individual play contacts with the chil-

dren (utilizing the techniques of child analysis for exploration of the "inner life" of the children).

The study emphasized the value of the multi-observational approach. Not only did the psychologists designated as "observers" work in teams, but there were also "family teams" of other staff members who were to have direct contact with the study subjects. The fact that the subjects were referred to as "the study mothers" or "the study children" implied a sense of communal interest and participation on the part of the staff. It was expected that there would be overlapping of the data coming from the various sources, and that this would enrich the total picture of the growing child. The evaluation of one staff member would provide a safeguard against the bias of another.

This multi-observational approach fostered in the mothers a phenomenon which might be termed an "institutional transference." Unlike the clinical situation in which the patient forms a one-to-one relationship with the therapist, this project required the mothers to relate to several staff members; gave to them the awareness of being observed (in the Well Baby Clinic) by the staff; and never gave the assurance that a communication to one member would be treated as confidential (in the sense of being withheld from the staff as a whole). The mothers related, in either a positive or negative way, to "The Study."

Since this has been a pioneer study, there has been a certain amount of fluidity in the functioning of staff members. Furthermore, each member has brought into the study a way of functioning closely related to his own previous experience. The concept of the professional team, and of the communal "sharing" of the study subjects, has had strikingly different meanings for the various persons involved. Therefore there has been the constant necessity for interpretation of skill and clarification of role, intramurally, by each member.

⁷ Dr. Ernst Kris, Clinical Professor of Psychiatry, Yale University Child Study Center.

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There has been much variation in the frequency and nature of casual intercommunication among the staff concerning family contacts. There has, however, occurred a systematic pooling of the data in the weekly staff meeting. The shared psychoanalytic orientation of the staff has provided the possibility for meaningful interchange of ideas and evaluation of the data. The discussions have been greatly enriched by the unique contribution of each discipline. The social worker, for example, has brought in not only her understanding of intrapsychic forces but also her knowledge concerning the importance of social and cultural forces in their impact upon human behavior.

THE SOCIAL WORKER IN THE STUDY

The author has been a member of the study staff since the spring of 1952, when the oldest child was one year of age. She has been one of three psychiatric social workers, each with previous clinical experience, who have participated. During the first year of the children's lives, a relatively clear concept of the continuing function of the social worker had been established, and thus the author was confronted with a certain structure within which to operate, and with certain expectations concerning her role.

It had been established that she would function in the dual capacity of interviewer-observer in the home of the family, making visits at intervals of six weeks (spaced in alternation with the six-weekly Well Baby Clinics). It was anticipated that her knowledge of the meanings of human behavior would enable her to contribute valuable observations concerning the behavior of mother and child in the home (and comparative observations in the Well Baby Clinic, the nursery school, and in the hospital during the mother's confinement following the birth of siblings). It was anticipated that her clinical skills would enable her to develop an interview contact with the mothers. Within this contact, it was an-

ticipated that there would occur an "unfolding" of material concerning the mother's own family history and relationships, her personality structure and "inner life," and the attitudes she was bringing into motherhood. It was hoped that the same process might occur, although to a lesser extent, with the fathers. It was also hoped that information about significant events in the life of the family (illnesses, deaths, trips, financial reverses, pregnancies, and so forth), and their impact upon the family, would be obtained.

Data in all these areas were also anticipated as fruits of the family contacts of other staff members. However, one unique aspect of the social worker's role was the fact that she alone, among the staff, was primarily *mother-oriented*. Whereas the pediatrician (and later the nursery school teacher and psychiatrist) was keenly interested in the mother-child relationship as reflected in and influencing the development of the child, the social worker was primarily interested in the mother-child relationship *as experienced by the mother*, and in the dynamic role of motherhood in her total personality.

Faced with these research goals, it was the complex task of the author to translate the skills and experience derived from clinical practice into a way of functioning which would be compatible with the structure and aims of the project. The initial task was that of initiating contact with the six families transferred to the author from the educational psychologist, who left the staff at that time (two families were transferred somewhat later from a second social worker; however, in these cases the problem of establishing contact was less complex, since the worker had developed a relationship with the mothers, and handled the transfer as one would in good clinical practice). Among these six mothers, although there was some understanding that the visitor wished to see the children in the home, there was considerable confusion concerning the full purpose and meaning of

the contacts. It was at this point that the phenomenon referred to as "institutional transference" was of particular value to the social worker. The door of the home was opened to the worker (albeit sometimes grudgingly) at the first ring of the doorbell because she was a representative of an institution which had been accepted. Once in the home, it was the worker's task to help the mothers conceptualize the contacts in meaningful terms.

There were several reasons, deriving from the structure of the project, why this was complex and difficult for the clinically trained worker as well as for the mothers. One essential condition of a clinical casework contact, which is usually initiated by the client, is that motivation for the contact is supplied by the client's need. In this study, the social work contacts were *staff-initiated* and *motivated by research needs*. The primary "rewards" which had at the beginning been promised to the mothers in return for their participation in the study were pediatric care of the children, and future nursery school attendance, both without charge. In contrast, the contacts of the "interviewer," to be carried on at arbitrary intervals, had been institutionalized as an aspect of the program which the mothers were expected at least to tolerate as a necessary condition for participation. Thus, although social work is a service-directed profession, treatment on some level being the goal of every clinic or agency worker, the social work contacts in the study were not primarily service-directed.

It had been the conviction of the staff that this should be a clinical study, and that help should never be withheld from the families when it was needed. The helping potentialities of the social worker were increasingly recognized by the staff, and such recognition was communicated to the mothers. However, in the six cases initially transferred to the author, the service aspects of the study were primarily embodied in the person of the pediatrician, who had

demonstrated her continuing concern with the physical and psychological development of the child. The mothers had little, if any, awareness of needs for help other than that given by the pediatrician, and little understanding of the helping potentialities of a social worker. To illustrate, one mother has commented, "my only idea about social workers was that they had something to do with people on relief." Another mother, a former teacher, has stated that she had never been clear that the interviewer *was* a social worker, since she had been familiar with the profession only as it operated in school, hospital, or family agency (service centers). Thus, the fact that these contacts were staff-initiated and research-motivated was given particular emphasis by the fact that they were carried on in the home, rather than in a professional setting.

The mothers had some difficulty even conceptualizing the worker as a research "investigator" or "observer," since the social work contacts were, to a large extent, unfocused. There was no clearly defined area of content, no specific situation or problem around which the contacts were to be developed. To the contrary, the worker was interested in learning over a period of time as much as possible about these women in every area—not only in relation to their functioning as wives and mothers, but in their total functioning as individuals. Nothing could initially be designated as irrelevant to the personality structure of the mother. The systematic gathering of specific data was usually the function of other members of the staff. For example, the pediatric "history" included information concerning such areas as feeding, sleeping, elimination, and so forth.

SOCIAL WORKER AS INTERVIEWER

It is difficult to separate the two aspects of the social worker's dual role, since any interviewer must simultaneously be an observer, noting and evaluating the subject's

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behavior and interaction with the interviewer as well as the interviewer's response to the subject. In this project the author began functioning as an observer from the moment she crossed the threshold of the home. However, there were special problems, which deserve separate consideration, involved in the establishment of the interview contacts so that their research purpose could be realized. In this process, considerable flexibility was demanded of the worker. She was initially received, and assigned a role, in a different way by each mother. Characteristics such as those of quasi-social "caller," investigator, authority on child rearing, potential friend, were imputed to her. The interview milieu, the home, was a difficult one in which to interview since it offered manifold possibilities for interruption and distraction (the presence of children and family pets, the demands of telephone and doorbell, the urgency of food cooking on the stove). These very distractions could be used by the mother in the service of resistance against the contact.

The social worker did not necessarily accept the role initially assigned to her by the mother. Rather, she drew on her professional experience and skills to help these mothers overcome the resistance against communicating freely their ideas and feelings. Relationship, defined as "the dynamic interaction of feelings and attitudes between the caseworker and the client. . ."⁸ has been described as "the life-giving principle"⁹ of casework. In this project, it constituted the life-giving principle of the interviewer's contact, and provided the context within which the unfolding process could occur. The feelings and attitudes which a social worker brings into a professional relationship involve several components: keen interest in the individual;

an ability to accept and respond with warmth to the personality structure and emotional needs of the individual; the ability to evaluate and understand personality without imposing moral judgments.

The professional attitude of the interviewer set the affective tone for the contact. In addition, the technical skills of interviewing, derived from clinical experience, were utilized constantly. For example, the interviewer would respond to the mother's remarks with comments and questions which could lead to exploration and clarification of the mother's feelings. The mother's questions did not usually elicit advice, but were used as focal points for gaining further understanding of her attitudes around the situation in question (for example, bowel training).

Several characteristics of the interviewer's role which differentiated it from the roles of other staff members in contact with the mothers, facilitated the use of a casework approach in establishing relationships with these mothers. The fact that the interviewer was mother-oriented, focused primarily upon the needs of the mother rather than of the child, freed her to relate to the mother with empathy and controlled identification. The interviewer was frequently in the position of interpreting to other staff members, more closely identified with the child's needs, the sources in the mother's personality of her particular responses to the child. Second, the interviewer was not charged with the responsibility of giving advice to the mother, and thus tacitly expressing approval or disapproval of her, because the pediatrician was available as the medical authority. When it seemed appropriate, the interviewer could refer to the pediatrician a mother's questions concerning child-rearing (later, the nursery school educator and the psychiatrist could be used in the same way). The value of such a non-authoritative, mother-oriented approach has been demonstrated in many child guidance clinics, in which

⁸ Felix P. Biestek, "An Analysis of the Casework Relationship," *Social Casework*, Vol. XXXV, No. 2 (February 1954), pp. 57-61.

⁹ *Ibid.*

it has become apparent that a staff member not directly involved in treatment of a child can work most effectively with the mother. For research purposes, a further consequence of this approach was that there were instances in which material which the mothers had refrained from reporting to the medical authority because of fear of disapproval became available to the interviewer.

In these two respects, the fact that the interviewer worked within the framework of a "multi-observational" study facilitated her task. On the other hand, during the period when the interview contacts were being developed the interviewer at times experienced a potential or actual intrusion upon her function from the function of other staff members. It has been mentioned that the author was initially accepted by the mothers on the basis of their "institutional transference" (their relationship to "The Study"). At that time, the study was to a great extent personified for these women by the pediatrician, with whom a continuous relationship had been developing for at least a year, and who had demonstrated her potentialities as a helping person. To the degree that a mother's needs were being met by the pediatrician, there was little need on her part for a relationship with the interviewer. Thus it rested with the interviewer to demonstrate that she could play a meaningful role in the mother's life. It was at times necessary that the interviewer request of the pediatrician her support in channeling some of the mother's concerns (other than those directly related to the child) in the direction of the interviewer. For pediatrician and interviewer alike, each with previous clinical experience involving a one-to-one relationship with patient or client and each with a personal need to fulfill a useful function, this "sharing" process elicited some complex emotional responses.

Beginning in the third year of the children's lives, the mothers were also in contact with the nursery school staff and the

psychiatrists, all eager to enrich the data through casual, on-the-spot interviews with the mothers. This phenomenon carried with it the danger that the mother's relationship to the study would become so fragmented that, whereas the material obtained might be quantitatively rich, it might be qualitatively poor. Thus, if the mother's concern or question was "skimmed off" at the surface by the staff's readiness to give on-the-spot advice, the opportunity to explore fully the attitudes and needs lying beneath the surface could be lost. Such fragmentation potentially intruded upon the interviewer's attempts to develop her contacts with the mothers, especially since a relationship must have content. Not all of the author's contacts had yet developed the autonomy within the "institutional transference" that the contacts of the pediatricians (and those of the interviewer who had had a continuous relationship with several mothers since the pregnancy period) had developed.

The crisis. In many of the cases in which the author was active, the process of "unfolding" of material did occur. (In the two cases in which the interview contact did not develop, so little was known of the mother's personality that one could only conjecture about the reasons for this failure. These two mothers were no better able to sustain a relationship with the pediatrician. Thus, one might first question why these women chose to participate in a study of this nature.) In the six "successful" cases, there was almost always one condition under which the mother's communication about herself began: a crisis in her life. In three instances, the crisis was in family relationships; in one case it involved an emotional disturbance on the part of the mother; in one case, there had been some flow of communication from the beginning, but it took on special intensity in a time of crisis; in the remaining case, the crisis had occurred earlier in relation to the slow development of the child, and the mother had turned to the pediatrician with her anxiety.

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(However, the mother's anxiety had elicited material concerning her earlier life, and much of this was brought to the interviewer.)

When the acute situation constituting a "crisis" was revealed to the worker during a home visit, she responded with an expression of interest and concern. This, coupled with the stress being experienced by the mother, usually precipitated an intense flow of communication from the mother. In handling this, it was the delicate task of the interviewer to maintain a balance between her research function and her clinical judgment. On the one hand, she wished to encourage the uncovering of as much material as possible for research purposes. On the other hand, it was important not to arouse in the mother too much anxiety, especially if there was not to be another contact for six weeks.

If it seemed appropriate, the social worker reverted to her more traditional clinical role and offered help. She suggested having more frequent interviews, to be focused around the problems, possibly occurring in the Child Study Center office. It was often necessary again to make explicit to the mothers the training and skill of the social worker as a helping person.

There was considerable variation in the degree to which the mothers were able to accept and utilize such offers of help. In one case the mother brought to the interviewer a request for psychiatric help, the request being related to her perception of her own psychological illness. The referral was arranged. In three cases, a more intensive contact was arranged with the interviewer. In one instance, weekly interviews were maintained for two months; in the other cases, for a shorter period. During these contacts the interviewer functioned much as she would in a clinical setting.

Termination of the more intensive contacts occurred at the point at which the mother felt that the crisis had subsided, and when she felt competent to deal with her problems without further immediate help.

However, this termination was somewhat artificial, since the regular research contacts were then resumed, and the mothers were well aware of the interviewer's continuing and constant availability. In some instances there were later requests for help around different situations.

Even if a more intensive contact was not arranged in a crisis period, it became established that the interviewer was a person to whom the mothers could turn with their problems and concerns. In all these cases, there was continuing fluctuation in the intensity of the contact, as well as in the level and quality of material brought out. The fluctuations were related to the mother's needs at the time. It was always important to recognize and respect each mother's unique way of defending against anxiety, and to accept her inability to discuss certain areas of material at certain times. The worker shifted back and forth, in a fluid way, between the roles of clinician, research interviewer, and observer.

As a consequence of the coming together of interviewer and mother around the crisis, the relationship between the two developed an autonomous nature which could be conceptualized in a meaningful way by the mother. A differentiation occurred between her conception of the interviewer as the person primarily concerned with her needs and problems, and her conception of other staff members who were primarily concerned with the child.¹⁰ To illustrate, one mother has said that it has only been since she has experienced problems and has been encouraged by the interviewer to discuss them, that she has thought of the interviewer as someone "for myself" rather than simply as an observer of the children in the home. It is important to mention, however, that even among the mothers who have utilized some of the clinical skills of the interviewer as a helping person, the con-

¹⁰ Closer analysis of the nature and content of the interview relationships will be reserved for future publication.

tinuing contact has been experienced as only quasi-professional. Several of the mothers have characterized the interviewer as "my friend," "my confidante," "almost a member of the family." One mother, who has turned to the interviewer with many anxieties, has been firm in her conviction that the interviewer's helpfulness has been a function of her personality, not of her professional skills (this being the mother who believed that social workers had "something to do with people on relief").

The important role of the crisis has provided a justification for bringing a clinical attitude into research. It has been demonstrated in this study that it was the interaction of the interviewer's available clinical skills with the mother's subjectively experienced distress that made possible the realization of the research goal of the interviewer. Although the interviewer's readiness to involve herself with the mothers in this way might, by some, be viewed as a "contamination" of the study subjects, since the interviewer's influence effected some alterations in the attitudes and behavior of the mother, such an approach would seem justified by the results. It has been mentioned that in those two instances in which the mother was unable to involve herself in a relationship with the interviewer, extremely little was ever learned about the mother. Furthermore, the interviewer's skill as an observer of the situation in which she was participating, her awareness of the nature of the interaction between the mother and herself, made possible some evaluation of the ways in which the subjects were being "contaminated."

Once a flow of communication concerning needs and problems not always directly related to the child became established between the mothers and "The Study," in this instance personified by the interviewer, an additional problem developed. As a considerable amount was learned about the psychic functioning of the mothers, there were instances in which sufficient psychopathology was revealed to warrant staff

consideration of the need for psychiatric help. In two instances, this possibility was discussed with the mother. In another, such a referral appeared untimely, and was kept in mind as a long-term goal of the interviewer. In no instance, except that one mentioned in which the mother herself initiated the referral, has any mother been sufficiently motivated by an awareness of internal distress to overcome the anxieties and resistances involved in taking such a step. The desirability of therapy was recognized by the staff but not by the mothers.¹¹

In times of intense need, the study mothers have made limited use of the social worker's helping skills but, with the one exception, not of psychiatric help. The reasons for this are complex, and it is not within the scope of this paper to attempt to discuss them fully. There is evidence that by some of these women, as by many people in our society, psychiatry is viewed with apprehension and anxiety. In the face of such anxiety, application for treatment must usually be accompanied by an awareness of a symptom or *internal* conflict which has become acutely painful. The study mothers, with the one exception mentioned, have usually experienced their crises as being related to *external* events and stresses. Although in some instances the external

¹¹ One cannot predict whether or not future events in the lives of any of these women might serve to increase their readiness for help. However, at this time, these mothers constitute part of the large group of psychologically disturbed individuals, well known to social workers and non-psychiatric physicians, who do not become psychiatric patients. This is in spite of the fact that external conditions for becoming patients have, in this study, been unusually favorable. The psychiatrists on the research staff have become familiar and friendly figures to the mothers, and each mother now in the study has had contacts with the psychiatrist following her child. Several of the psychiatrists have held themselves in readiness, if not to conduct intensive therapy of the mothers, at least to conduct a series of exploratory-diagnostic interviews should such contacts be requested.

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difficulties appeared to the staff as manifestations of intrapsychic illness, they were not thus recognized by the mothers. The help of the social worker, who is experienced in helping people with difficulties expressed in external relationships or events, could be utilized, even when a "deeper" level of treatment was not desired.

THE SOCIAL WORKER AS OBSERVER

The interviewing function of the social worker was carried out primarily in the home. There were, however, four settings in which she functioned as observer: the obstetrical service of New Haven Hospital; the Well Baby Clinic of Child Study Center; the nursery school of the Center; the home of the family.

Observation in the home. It has been mentioned that the social worker began to function as an observer from the moment she crossed the threshold of the home. The interviewing and observational functions were usually carried out in the same contacts; they were closely interrelated and in constantly fluctuating balance. They both occurred within the context of a developing relationship with the family. In the early contacts, while this relationship was still of a tenuous nature and the interview function had little content, the social worker was primarily an observer. Later, when the interview relationship had gained some autonomy, there were times when the worker was primarily an interviewer. Frequently within the same contact, there would be a shifting from one role to the other.

It was hoped, and gradually established, that the home observations of the worker could yield the following kinds of data: (a) the socio-economic level and general characteristics of the neighborhood; (b) the physical environment provided by the home (for example, arrangement of rooms, nature of quarters for sleeping and for play, appropriateness of furnishings in relation to the infant's activity, protection against hazards such as gas jets and open stairways, availability of materials for family recreation); (c) the behavior of the mother and child in relation to this setting; and (d) the interaction of mother and child, and their responses to other individuals present. Many such data were observed by the pediatrician in the course of a home visit necessitated by the illness of a child, although the behavior of mother and child was then usually influenced by the child's illness. When there was overlapping of the observations of pediatrician and social worker, this resulted in an enrichment of the total understanding of the child.

The home observations of the social worker were impressionistic, and not consistently detailed and specific. This was the result of several factors. First, there was no one specific focus (no schedules for observation were used). Second, in the interests of fostering an atmosphere of spontaneity, and reducing the mother's anxiety about the presence of the worker, no notes were taken during the contact. (The data could therefore not have the detail and specificity of those accumulated through the "time sample" technique of observation, which was used by the psychologists in the Well Baby Clinic.) The observations were subject to the imperfect function of the worker's recall.

Third, the demands made upon the worker as interviewer frequently interfered with her observational acuity. At times, the mother required the undivided attention of the worker for discussion of some problem. There were other instances in which the turning by the worker of her full attention toward the child would arouse competitive feelings in the mother, who was equally anxious for attention. Since the worker's first concern was to promote and sustain a positive relationship with the mother, when a choice had to be made in the person to whom she directed her immediate interest the mother was chosen. In this instance, something was learned about the mother's feelings, but something was lost

in the process. Fourth, the worker's desire to be liked by the mother, and to gain her confidence, led her to accept the mother's interpretation of the child's behavior, and to accept the mother's explanation of the child's illness. This was particularly true when the mother was physically attractive, and when she was able to make a favorable impression on the worker.

in terms of observation of the child. (The conflict between the interview and observational functions became heightened as, on the one hand, the interview contacts became well established and, on the other hand, the child's development enabled him to engage those around him in more direct interaction. The solution to this was for the worker to plan her visit so as to provide an opportunity for the interview while the child was napping or playing outside, and for the observation while the child was present.) If the worker's observations lacked in detail or specificity, this was always compensated by the fact that the children were observed in many different situations by different observers.

The most important characteristic of the home observations was that they occurred within the context of the continuing, long-term relationship with the family. The social worker gradually became a familiar figure in the home, who accepted and attempted to merge into the home situation as she found it. Among the eight cases handled by the author, there were only two in which the mother found it necessary, especially at first, to treat the worker as a special guest, "dressing up" for the visit and receiving the worker in a living room which appeared to have been freshly tidied (to be sure, something was learned from this behavior). In the six other cases, the social worker was received by the mother in whatever condition of dress and activity she happened to be at the moment, in spite of the fact that definite appointment times were always arranged, and there was no attempt to drop in on the mothers unexpectedly. In these cases, the worker was usually taken into the kitchen, and if it was necessary for the mother to finish up some piece of housework, this was done. Such activities of the mother could be used in the service of resistance, or as an expression of hostility towards the worker. There was evidence that this was the case in the two contacts in which the worker was never able to establish a positive relationship

with the mother (in one instance the mother used ironing, in the other, cooking, as an activity to insulate her against the presence of the worker). In those cases in which a relationship with the mother became well established, this was not usually felt to be the case (although increased activity was sometimes observed as a method of discharging anxiety). Rather, the fact that the mother did not attempt to give special structure to the situation seemed to be an indication of her feeling of relaxation in the presence of the worker.

Thus the continuing relationship provided the possibility of observing spontaneous interaction, lacking in self-consciousness, between family members. There was little indication that the mothers had any particular awareness of being observed in their interaction with the children, particularly as the worker became "almost a member of the family." This provided a striking contrast to the worker's previous experience in making occasional home visits in the context of child guidance clinic contacts, in which the visit was invariably followed by the mother's anxious question, "What did you see?" In the research contacts, this question was raised by only one mother, one of the two with whom no positive relationship developed.

The specific kinds of material which could be obtained through these contacts were of the kinds mentioned in relation to the purpose of home observations. Much could be learned about parental attitudes concerning child rearing from an observation of the physical environment. For example, in one case the presence of pale gray wall-to-wall carpeting in living and dining areas served as one of the mother's rationalizations for the many and constant restrictions placed on the child's activities. In another case, the presence of small scatter rugs in the child's bedroom supplied a hazard to locomotion, yet the mother, rather than remove the rugs, insisted that he adapt to them. In another instance, the mother's refusal to protect the child against

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the danger of falling down an open staircase by placing a gate across the stairway served as an indication of her unconscious hostility against the child. In another home, the absence of play materials appropriate for an infant gave a clue to the mother's inability to relate to the child through the use of materials. Another home was almost completely child-centered, with nearly the entire home being available as play space to the child.

In the area of behavior of mother and child, there were multifold types of overt acts and verbalizations which could be observed. However, the observations in the sphere of mother-child relationship which were of particular significance and value were those which pertained to data *not reportable* by the mother. The data which could be considered not reportable were those which she might consider unimportant; those which she might attempt to conceal (particularly from the medical authority) because of fear of disapproval; or those about which she had no conscious awareness, and therefore would be unable to conceptualize for reporting. These data were usually concerned with the subtle qualities, the currents of feeling involved in behavior.

One mother ceased mentioning to the pediatrician her use of suppositories to relieve what she believed to be discomfort due to gas in the digestive tract of her infant son. The pediatrician had indicated that suppositories and enemas were considerably less desirable than laxatives or laxative foods. In the course of a home visit the social worker, who had expressed no opinion on this point, observed the mother respond to the infant's fussiness with the application of a suppository. This was not, as is usual, inserted, held in position and then expelled. Rather, the mother manipulated it in a rhythmical alternation of insertion and withdrawal which, in effect, provided for the infant a stimulating rectal massage. This observation increased the understanding of the staff

of the nature of the exciting stimulation to which this child was subjected at home.

Another mother, who had complained of her son's clowning, silly behavior, and his inability to engage himself with toys and materials, was observed to interfere with his use of materials by making teasing threats to snatch his toys away from him, and by chasing him around the home until both mother and child were intensely excited. This culminated in a scene of close physical contact, with mutual biting and kissing. Thus the mother's own inability to relate to her son through materials, and her need to maintain the relationship on a highly charged instinctual level, were observed.

Another mother, who had described to the social worker her own distaste for physical contact with her young daughter, was observed to interfere subtly with the daughter's attempts to cuddle up to the worker, by introducing crayons and paper with which the child might engage herself.

The quality of a fourth mother's affect in the situation of feeding her infant son was better understood when the worker observed the feeding situation. The infant, although firmly supported on the mother's lap, was held with the detached and impersonal air with which one might hold a piece of silverware being polished.

Observation in the well baby clinic. It was felt that because of the social worker's familiarity with and understanding of the behavior of mother and child in the home, she could make a contribution in observing the Well Baby Clinic. In this situation she functioned as one member of a team of observers, separated from mother, child, and pediatrician by a one-way vision mirror (the mother was aware of the presence of observers). During the first two years of the child's life, the social worker was designated as observer of the mother, a team of skilled observers of infant behavior doing detailed observations of the child. During this period, the worker's attention was directed toward observations of the mother's

mood and general appearance, her interaction with the child, and her relationship with the pediatrician. Special attention was paid to an evaluation of the ways in which the mother's behavior differed, in this structured situation, from her behavior in the home. During the third year, the social worker observed both mother and child, the observations being related to a schedule of areas to be covered (including, for example, the reactions of mother and child to the developmental evaluation, to the physical examination, and to each other). After the third year, the social worker continued this function. However, only the physical examination was observed, the developmental examination being replaced by psychological testing administered without the presence of mother or observers. In contrast to the home, the Well Baby Clinic was a structured situation, in which the mother's interaction with the child was limited by the demands of the situation, and was influenced by her awareness of being observed. It was fruitful to evaluate the ways in which this interaction differed from what was seen in the home.

Observation in other situations. The social worker had an opportunity to observe mother and child on the obstetrical service of New Haven Hospital. Although the author had not been on the staff when the older children were born, siblings have been born in six of the eight families she has followed. However, during the lying-in period, the social worker functioned primarily as interviewer of the mother, never requesting that the baby be present. If the baby was present, the observations were of an impressionistic nature, being concerned with the appearance and mood of mother and baby, and the amount and quality of attention and handling given the baby by the mother.

The most casual kind of observation was done by the social worker in the nursery school. This was not done in a systematic way. As her schedule permitted, the worker would spend a few moments in the school.

If this occurred at the beginning or end of the school session, it was possible to observe mother and child in the process of separation or reunion. If it occurred in mid-morning, the child could be seen in interaction with other children and teachers.

The use of clinical skills in observing. The clinical caseworker is trained to observe and evaluate interpersonal interaction in a situation in which she is a participant. However, such observation occurs within the framework of a one-to-one relationship with the client. The particular difficulty of observing in this project was that there was inevitably more than one person interacting with the social worker, and frequently several. At times, there were so many persons involved in activity in the home (not only the immediate family, but persons who had dropped in) that, by comparison, the worker felt that an evening spent at the Ringling Brothers' Circus would be well organized and structured! The ability to embrace the total scene as well as its component parts within one's range of observation was a skill which had to be acquired. At best, there had to be selection of certain elements for particular focus, and neglect of others.

In making selective observations, it was important to recognize the potential bias of the worker. Casework is concerned primarily with individuals presenting considerable social or psychic pathology. Any competent evaluation of the personality of the client must be concerned with indications of strength and health, as well as with illness. However, the very fact that the client comes to the agency usually implies that health is outweighed by pathology. In research concerning personality development, the clinical worker may have a tendency to give undue weight to, and to focus upon, pathology, particularly since the data which constitute indications of pathology are frequently the most dramatic. The skill to observe "normal" behavior had to be acquired, and it had to be recognized that all the behavior observed could not neces-

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sarily be immediately understood. The fact that this was a longitudinal study was of considerable value to the worker, since she gained increasing skill and increasing familiarity with the families. With the passing of time, more could be seen and understood concerning both present and past behavior.

SUMMARY

There has been a trend toward increasing participation by social workers in collaborative research. Little is understood as yet concerning the utilization of casework skills and training in such research.

The project in which the author has been engaged as a psychiatric social worker is a psychoanalytically oriented one which has used the multi-observational approach to a longitudinal study of personality development in childhood. The author has functioned in the dual role of interviewer and observer. Her contacts have been motivated by research needs and have been unfocused and uniquely mother-oriented. Initiated by the staff, they occurred at arbitrary intervals in the home.

As interviewer, she has attempted to develop a relationship with the mothers, utilizing the professional attitudes and skills of casework. It was necessary for most of the mothers to experience a crisis in their lives before they were able to respond with much communication concerning their experiences, feelings, and attitudes; and during such periods the interviewer offered her clinical services as caseworker. In most instances these services were utilized in a limited way.

As observer, the author functioned in several settings: the home, the Well Baby Clinic, the obstetrical setting, and the nursery school. Her specific contribution as observer, particularly in the Clinic, has derived from her knowledge of the behavior of the mother and child in the home, which has provided a basis for making comparative evaluations with other members of the staff.

Discussion

BY DAVID G. FRENCH

Mrs. McCollum's paper describes a social worker's contribution to the task of research. The research described was not "social work research" in the sense of being directed towards answers for social workers. But it was research in which social work skills and knowledge can have a unique and valuable place.

One is struck, first, with a familiar and distinctive characteristic of social work in Mrs. McCollum's account. Social work is a product of specialization in our society. It is the natural response to the complicated division of labor which results in more and more specialists focusing on smaller and smaller fractions of man. Social work's distinctiveness among the specialties is its mandate to keep in focus the wholeness of things. Mrs. McCollum's contacts were not directed to a clearly defined area of content. In effect, her role was to serve as a built-in safeguard against the "trained incapacity" of the specialists on the research team, bringing in material which might be excluded by their specialized interests.

Another aspect of Mrs. McCollum's role which is distinctively social work in character is her contribution of a special competence—in this case, the conscious use of a professional relationship—to the goals of another profession. It was essential to the research that the mothers communicate freely their ideas and feelings to the study

DAVID G. FRENCH was Acting Section Editor of the Research Section of NASW when this was written. The Research Section, because it did not have an established publications program at the time manuscripts were being selected for this issue, and because of the length of the preceding article, contributed part of its space to make possible publication of Mrs. McCollum's report, and provided a discussion of some of the points in her paper which are of particular interest to research workers.

staff. But the clinical setting and the professional stereotypes associated with physician and psychologist served to screen out important aspects of the mother's functioning as an individual. The social worker's contribution was to establish a warm, accepting relationship in which communication could be free, but which at the same time could be kept on a professional level. The subtle distinction between client acceptance and playing into a client's needs is crucial to the social worker's task. Mrs. McCollum found herself called upon to maintain this distinction in her role as interviewer, and for this her social work background was directly relevant.

A third aspect of Mrs. McCollum's role worth noting is the specific skill she brought in working as part of a larger program. Team work among specialists requires a clear definition of roles and responsible performance of individuals within these roles. Without this, the division of labor breaks down. Social workers have come to acquire not only special competence in structuring their own roles, but also in clarifying and interpreting the roles of others.

Having noted some of the special contributions which social work should be able to bring to a team research effort, it is also important to note an area of conspicuous weakness in the role described by Mrs. McCollum, namely, the limited theoretical orientation which appears to have guided her observations and interpretations. While the social worker was assumed to have special awareness of social and cultural factors in the lives of the mothers and the children, most of the illustrations which

Mrs. McCollum gives reflect an almost exclusive concern with factors which are suggested by psychoanalytic theory.

To be sure, it is of the utmost importance in a research project of the kind described that members of the research team conducting interviews and making observations understand and incorporate in their work the basic theoretical orientation of the study, which in the present case was a psychoanalytic orientation. The particular contribution of the social worker, however, in bringing social and cultural factors into focus would have been enhanced by drawing upon other theoretical orientations, notably those of social psychology, sociology, and anthropology. It is a fact of life that we see as meaningful only those things to which our attention is directed by a body of implicit or explicit theory.

More than an eclectic sampling of psychological and cultural and sociological theory is needed, however, to correct the bias reflected in Mrs. McCollum's paper. What is called for is a general sophistication about the role of theory in the sciences and the professions. Theory is not doctrine. It is a tool for organizing a mass of information which otherwise remains unmanageable. It is something to be put on and put off, depending on the purposes at hand. Psychoanalytic theory is and will remain a very helpful and usable tool in observing and interpreting human behavior. What is indicated is not its abandonment, but reliance on it as one of several useful orientations. The most appropriate orientation or orientations will be dictated by the particular task at hand.

SCHOOL SOCIAL WORK SECTION

BY RUTH E. SMALLEY

The School Social Worker Helps the Troubled Child

IN CONSIDERING HOW the school social worker may help the troubled child through direct service, I should like to discuss, first, what makes the troubled child "helpable" and, second, what makes the help given effective and identifiable as social work and, specifically, as school social work.

Because social workers have long been engaged in helping efforts, we are apt to take for granted both that people can be helped and that this help can be given through social work methods. To question such assumptions is to threaten to nullify the work to which we are devoting our lives, and to place in jeopardy the very existence of our profession. Yet it is conceivable that a fresh examination of the premises upon which our practice rests can give us a new hold on the faith and the skill we need in order to achieve the purposes to which we are so deeply committed.

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Is there something in the nature of the troubled child which makes him capable of using help? Suppose we call first on simple observation. Who has not been struck by the efforts of even the tiniest baby to accomplish what he has in mind? It may be simply to turn over from his back onto his stomach, or to reach the rattle that has slipped beyond his grasp. The red face, the protruding eyes, the twisted mouth—the whole body lets us know that this little human being has a plan, and that a powerhouse of energy and purposiveness is being used in its execution. The child in school may be bored indeed by certain specific tasks and may give them little of himself. Written assignments may be full of errors or not turned in at all, lagging feet may come late to class, and the child's listless manner may irritate and confound the teacher who is putting so much of herself into her plan that this child, and all children entrusted to her care, shall learn. Consider the ingenuity, the effort, and the perseverance of these same children, however, when they are engaged in something they want to do, whether in school or out of it.

It is true that the bio-psychological organizing force, best described for me by the word *will*, can be used to get out of as well as into tasks and situations, against as well as for the best interests of society or the self. This fact, however, only makes more conclusive both the existence and the vitality of the will. Our own observations and our own individual experiences tell us that, throughout all his days, every living person is the center of his own life—seeking, choosing, willing, calling on his inner resources, making use of the resources he finds about him, in order to achieve the ever more perfect accomplishment of himself, as he defines and affirms that self. To get what he wants is only part of a man's larger and more significant effort to become what he wants to be.

But we need not depend on our observation and experience alone for this certainty about every individual's power and necessity to determine and achieve his own destiny. Biologists and embryologists, psychologists and psychiatrists, present us with evidence to add to our own. Edmund Sinnott, writing of the biology of purpose, finds the purpose of the individual cell akin to the purpose of a whole life, and concludes:

Human individuality and personality, the ego itself, is simply one manifestation of the remarkable process by which living matter pulls itself together into integrated and organized self-regulating systems. The goal of the organizing process is a *single, whole individual*. Protoplasm always comes in separate packages. Each center of organization has its own physical unity. Such a living individual maintains its identity and endures, even if its material substance is continually changing. The organized pattern of human personality is a surprisingly tough fabric and can survive many vicissitudes.¹

¹ Edmund W. Sinnott, "The Biology of Purpose," *American Journal of Orthopsychiatry*, Vol. XXII, No. 3 (1952), pp. 466-467.

I would not deny for one minute the importance, for what any of us becomes, of inherited characteristics, or of the environment, both material and psychological, particularly in the form of early life experiences within the family group. It is this "given," this "that which cannot be changed," plus what we have done with it, which gives to each of us his difference, his uniqueness as a human being. I am merely speaking *against* viewing the school child or any living person as a victim, whether of his own nature or of circumstance. I am speaking *for* viewing him as creator as well as creature, as the center of his own growth and change, acting upon as surely as he is acted upon, doing something with what befalls him, using what he finds both within and outside himself toward a purpose that can shift as his conception of himself shifts and finds new definition and affirmation.

HELPING THE CHILD ACHIEVE SELF-FULFILMENT

When we view a school child in this way, the primary focus of our helping effort moves from doing something to, for, or around him, to finding a way to connect with the powerful purposive force that is the child himself, in order that he may use us to accomplish a freshly discovered and freely chosen social purpose. Our task becomes one not of circumventing or subduing his innate power, but of helping the child to make constructive use of it.

In our helping efforts, then, we relate to a child who has within himself the power to grow and change, whose nature it is to grow and change, who has had long bio-psychological experience in using and contending with forces inside and outside himself in order to achieve the growth and change particularly suited to his own nature. We relate to a child who is uniquely himself, and who can and must accomplish himself within a pattern that is his alone, both in tempo and quality. We relate to a child who from the moment of

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his conception is not only a unique individual but a social individual as well, in the sense of having always been part of and related to a larger whole.

The first whole of which he was a part was his mother's body; later it was the whole of the family group; and still later the constantly expanding whole of neighborhood, community, society, world—a "whole" which expanded for him with his expanding capacity to move about in it and be part of it, both physically and psychologically. "No man is sufficient unto himself alone" is as true biologically and psychologically as it is spiritually. We do not have to *make* children social; they are social by nature. They have had to be social in order to survive, although at points they may be prevented from realizing their full potential development, whether individual or social, by factors inside or outside themselves or by combinations of such factors.

It is the social characteristics inherent in the child's nature which make him able to use help. He is a growing, changing, self-directing organism who has the power and the necessity to use his own resources, as well as outside resources, of which we may be one, to accomplish his own development. He is a unique individual with his own purpose and integrity, constrained to use help in a way which is *his* way in order to achieve a self identifiable as his own self, a self which he will not let be pushed around, violated, obliterated, or transformed into something it is not and for which he therefore would not, could not, and should not take responsibility. He is a social individual who is just as organically and necessarily part of a whole as he is a differentiated unit within it.

In addressing ourselves to the first of the two questions, we have omitted one important point. Although it is possible and not at all uncommon to *create* trouble as a way of feeling one's power, or to use "being in trouble" as a way of expiating guilt for failure to live productively, even greater satisfactions accrue to getting out of trouble

and to using oneself creatively toward self-fulfilment. Part of the true fulfilment of every human being is his fulfilment as a social self—as a unique self living in relationship with other unique selves and within a society that sets limitations and makes requirements at the same time that it supports and supplies satisfactions and opportunities.

The fact that we meet children when they are in trouble gives them and us a lever. The child himself has a reason to change—in the very direction in which the school is interested in having him change—if he can find and claim his wish to use himself positively rather than destructively. Too often school social workers, in their direct work with children, soft-pedal the "trouble" the child is in, thus missing a chance to help him come to grips with it and, in so doing, to discover both his wish and his capacity to do something about it. So long as we assume with a child that he is "fated," the victim of what his parents, the school, and his own nature have done to him, and hence not responsible for the difficulty that has resulted in his referral to us, we rob him of the motivation to do something about his *part* in his trouble. Only as he owns the "thing in himself" that got him into or had a part in getting him into whatever trouble he is in, does he come into full possession of the "thing in himself" that can get him out of trouble. In each case it is his own *will*, which he can use constructively as well as destructively if he but chooses to do so.

THE EFFECTIVENESS OF SCHOOL SOCIAL WORK

What is there in the school social worker's help in direct work with the child which makes it effective, which makes it identifiable as social work, and which makes it, specifically, school social work? What makes it effective is that it is offered in such a way that the child, out of his very nature, has the best possible chance of using it. This means that it is offered with the recog-

nition that the worker can control how he makes it available, but not what the child will do with it. The worker's frank acknowledgment of and respect for the child as the center of his own change, and as the one who will achieve his purpose for himself in his own way, are felt by the child. They lessen his need to fight the alien will of the other person, even the most well-intentioned other person, to make him over.

A second characteristic of school social work help which makes it effective is that it recognizes not only the necessity of the child's doing the changing, if change there is to be, but also that something needs to change. This means no side-stepping of the trouble, whatever it is. It means discussing frankly, at the first meeting with him, the nature of the school's concern about him which has resulted in his coming to the attention of the school social worker. It means defining clearly with him the social worker's purpose in seeing him, and identifying the worker as the person in the school whose job it is to try to help children who are having some kind of trouble in school, or who are failing to make the most of what the school can offer them. The child needs to know specifically what *must* change if he is to remain in a particular school, as well as what he *may* do differently if he chooses to use the school experience more fully.

Because the school social worker recognizes the child as the center of his own change, in the first interview he enlists the child's participation by encouraging him to share with the worker the way he sees and feels the problem that the school has identified. The worker must also consider with the child the meaning to him of the school's asking that he try, with the worker's help, to do something about the problem.

TIME LIMITS

Because growth and change are processes that occur in time, and because psychological growth and change take place

through human relationships which, to have the greatest meaning, must have some continuity, it is usually helpful to set up a period of time during which the relationship with the child will be sustained through regularly scheduled interviews. It has been found effective to establish a mutually agreed upon time for an evaluation of how things stand, of what the child has been able to do differently through using the help the social worker has offered him. This setting of a limit in time and using the structure of scheduled interviews give form to a process that could otherwise become, to the child, a series of crisis-inspired talks with a well-disposed person. The mere setting of a planned period for working together implies an expectation that the child will engage himself continuously, over a limited period, in seeking to effect a change in his behavior which will be in line both with what he wants for himself and what the school holds as necessary or desirable.

A further advantage of setting a time limit is that it may ease the child's fear of being trapped in an endless process which he can control only by refusing to use it. Over how long a period and how frequently a child will be seen will depend on many factors—the nature of his trouble; the nature of the child himself; the social worker's schedule; the exercise of the worker's judgment, growing out of experience as to the time necessary to help in similar situations; the natural time rhythm of the school year with its report periods, terms, vacations, and so on.

The school social worker's *beginning* with a child is taken seriously as a beginning. Opportunity is made for the child to learn what he is entering on, for what purpose, for how long, what his choices are and are not with respect to what he is doing in school and what he may do with the school social worker, and to express his feelings about his trouble, the proffered help, and the helper.

During the middle period of taking

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help the child is encouraged and can be expected to share with the worker what he is doing and what is happening to him at school, at home, and elsewhere. The school social worker has the responsibility for keeping what worker and client are doing focused on their reason for being together. This need imply no rigid or narrow focus that excludes a concern for and interest in the child as a whole person, but rather a sense of responsibility, and a readiness, to help the child make appropriate connections between what he is saying, feeling, and doing in the interview with the worker and what he is doing in school.

Since this discussion is focused on direct work with the child, it is not concerned with certain vital parts of all school social work—work with teachers, parents, workers in community agencies, and others in the interest of the school child. The fact that the child is recognized as being the center of his own life, and that the social worker operates from that understanding in the relationship with him, does not rule out the worker's awareness of the importance of the child's immediate environment and the opportunities and lacks therein which can influence so strongly what he can do. The worker's effort is always a balanced one, to effect changes in the child's circumstances, at home, school and elsewhere which can make his environment more usable by him, and to help him effect change in himself so that he can make better use of whatever his circumstances may be.

THE WORKER-CHILD RELATIONSHIP

All that happens between a child and his worker must be characterized by the warm human concern which the social worker has for the child as a person and without which all help is fruitless, by a steady conviction that the child can use his relationship with the worker for change, and by a consistent focus in what they are doing together which is appropriate to the school social worker's function. As the child experiences himself in a relationship with an

adult whom he can trust and who is identified with the school and its purpose, he may come to a new awareness of what he is truly like in a situation that both offers him opportunity and holds him to something. This new awareness, as well as the lack of condemnation for being what he is, whether evasive, angry, too readily compliant, fearful, or whatever, can lead to his discovering freshly and at a new depth what he *wants to be* and *can become*.

The steady support implicit in the sustained, interested offer to help, by someone who both cares about him and expects something of him as a person, can help the child care about and expect more of himself. With new self-valuing and self-confidence born and experienced in his relationship with his helper, he has the best possible chance to learn to use positively and constructively the power which he may have denied he had, perhaps out of fear of taking responsibility for himself, or which he may have used destructively against "the outside," perhaps to protect a sense of his own identity against the too strong encroachments of others. It is his growing awareness that the school social worker respects his individuality, his unique difference as a human being, and is not seeking to change that pattern that is so basic and rightly so precious to him, which frees him to use his difference in a way that is not destructive to himself or others. He learns how to be a unique individual within a setting that limits what he can do but not what he thinks or feels; and to find in these very limits the form and discipline that facilitate the creative expression of energies that could otherwise be dissipated or employed in sporadic, fruitless, irresponsible upsurges against "authority." When the child learns to work positively within the limits of his relationship with the worker (using the interview time, the series of interviews, confining himself to what is appropriate to do within that relationship in the light of the purpose for which it exists), he has become able to use himself

in this new way within the larger context of school, home, and community.

Ending a period of work with a troubled child offers the school social worker an opportunity to help him recapitulate and possess what he has been able to achieve with the worker, which is his for use elsewhere. This is often a time when a child may experience some fear and uncertainty as to whether he can get along without what he has so richly used. Sometimes he needs to come back occasionally to relate how things are going. But it is also a time of hope and eagerness to try his wings and his new-found strength in a wider world than the school social worker's office.

THE PROFESSIONAL CHARACTER OF SCHOOL SOCIAL WORK

Finally, what makes this help social work, and specifically school social work, in character? It is social work help because it carries out a social work purpose—to help social institutions better serve society; to help individuals deal constructively with some social reality—through the use of a social work method. It is school social work because the specific social work purpose it seeks to carry out is related to the purpose of the public school. The school social worker not only never forgets, but makes conscious and constant use of, the *specific* social work purpose that is to be discharged: to help a public school better serve its children, to help individual children make better use of the social reality of the public school. It is this specific purpose that leads to the initiation of the relation-

ship between school social worker and child, gives content to what they do together, and defines the moment when their work can end.

The school social worker, as a social worker, is accountable to society as a whole. His efforts must be directed toward a purpose which is in society's interest and in which society acknowledges its stake sufficiently to lend support, financial and other. The method, if it is social work method, must derive from the experience of the social work profession and must constitute a reliable and tested way of achieving the profession's purposes. It is characterized by the use of a relationship to further responsible social functioning of the individuals served. The school social worker is accountable not only to society as a whole but also and specifically to that instrument of society, the public school. His efforts must serve the purposes of the public school as well as the purposes of the children attending school. His methods must be the most appropriate ones known for carrying out the specific purpose with which the public school, as the employing auspice, has entrusted him.

It is as the school social worker holds himself accountable to the social purposes of his profession, and specifically to the purpose of the public school, and uses all possible skill in the method developed uniquely within the profession of social work, that he best serves society, the school, and the troubled children with whom he is engaged in direct work and who so surely deserve the best that he, the school, and their society can offer them.

NOTES AND COMMENTS

BY LOUIS TOWLEY

NASW—*A Professional Step*

FEW MOMENTS ARE momentous at the moment. The identification of the momentous is a function of hindsight, our best developed vision, which is able to bring into focus that point of time that we decide to call crucial in the light of later events. But whether momentous or not, this meeting is moving. A generation of social workers have not had a single, over-all professional membership organization—till now.

Over a brief span of years, some thirty-five, a handful of specialized social work organizations came into being—AASW, AAMSW, and AAPSW, to mention a few. Earlier, other organizations, especially national associations of local agencies, had been formed. These groups and the specialized membership organizations joined in developing and refining the social work field, its special tools, and its ordering of knowledge from many disciplines into a synthesis that deserves the name of social work. These were the great impelling forces that raised standards. They provided a needed cluster-point in each new field identified as a specialization. (A veteran once observed that during those years it was

almost dangerous to join any circle in a National Conference hotel lobby for fear of emerging from it a charter member of a new organization.)

This division into self-conscious, cohesive groups affirmed many times over the way social work met one of Abraham Flexner's criteria for a profession. The complete list of these criteria is: an intellectual operation with large individual responsibility; a basis of science and learning; progress toward practical ends; possession of an educationally communicable technique; a tendency to self-organization; and an increasing altruism. The pertinent criterion here is "a tendency to self-organization," which social work carried to an extreme. Despite the virtues of these multiple organizations, and despite the great debt that social work as a whole owes to their devoted efforts, they tended in some degree to be divisive. The energy of devoted members with a sense of cause found outlet in a carefully planned program; but with much of the various members' time and best thought given to a specialized association, the cause of the entire profession, usually in a broader field, suffered a little. Development was uneven.

The formation of many small organizations within a profession does not quite equal the "tendency to self-organization" mentioned by Flexner and others. Carr-Saunders has also pointed out that to have

LOUIS TOWLEY is Professor of Social Work, George Warren Brown School of Social Work, Washington University. This paper is an address given at the first meeting of the St. Louis Chapter of NASW in June 1955.

a cohesive center of gravity of a whole profession, an organization of the whole is needed. Such a single organization is necessary to provide a single voice on platform, to give a wide exchange of information and knowledge, to allow standard-setting with weight and force behind it, and to give adequate sponsorship and security to professional status. These are peculiarly the functions of a professional organization.

Now we in social work have the *one* association. It is as if large globules of quicksilver, given a chance to come together, have coalesced with that gift of cohesion which is possessed by material that is of the same integral substance whatever its superficial surface differences. I speculate sometimes whether the principle of "critical mass," of which we have heard much recently in a most diverse field, might somehow operate in the profession of social work. That is, whether a given size beyond the critical point permits the quite sudden realization of the inherent potentials that reside within the components. We shall see whether the National Association of Social Workers goes beyond the point of critical mass and thus makes social work far more effective than it has ever had the power to be before—though it had the needed vision and insight.

It is not speculation, however, to say that this new step is a professional step. We need not test it against Flexner and Carr-Saunders and other students of professional characteristics. I maintain that the National Association of Social Workers is consistent with social work tenets. It is consistent with social work's own best thought for itself. For example, the step is not divisive but integrative; it is not competitive but cooperative. The new organization is not rigid but flexible; it is not static but devoted to change; it is not happy in isolation but comfortable and skilled in developing fruitful relationships.

Among the many things that are now within the reach of social work, one must surely mention first a broader, more intensive research effort, possibly of a laboratory type: research that is not geared to an agency's need nor to the needs of a specific community or group but is devised to meet the needs of a profession, perhaps wherever that profession practices. Another kind of research might be of a sort that is not necessarily bounded by any specialization but is of use to any social worker. It is possible now to undertake research into fields of new service—even hopefully into social work's contribution to broad preventive measures that would be improved by social work's particular ways of looking at problems and working with people. But it is presumptuous to identify any one item among the endless ends of research.

A prime function of a professional organization, to provide adequate means for the exchange and dissemination of information and knowledge, first within the profession and then to the wider public that should know of it, can now be carried out in far greater measure, more efficiently, and in greater volume than we have as yet enjoyed. The way has been pioneered by each of the specialized associations, and standards have been established for each of these branches in the social work field, so that the avenues now to be travelled by the National Association of Social Workers will have clear markings from the start.

Another function, the development and maintenance of higher standards, will now have a greater possibility of promulgation and enforcement. Standards of personnel and employment practices, standards of ethics, the protection of civil rights—all these have acquired greater strength within the field of social work.

Most hopeful of all, perhaps, the single voice of greater power speaks for the profession on social policies in a way that does not confuse legislators, communities, or the public at large. We can look for a greater influence on the development of social policy. (This might be the "increasing altruism" of Flexner.)

One can even speculate, unless it is

Notes and Comments

dreaming, that other criteria for what constitutes a profession might be served by this single association. A greater common bond, for example, on the basis of a common core of learning. A more intellectual, less emotional bond with progress toward practical ends—the increasing altruism by which social work contributes out of its unique discipline toward the better mutual well-being of people who live together as a society.

It must be said that there is one temporary flaw in the professional character of the new association. I speak here of the blanketing-in of those who do not meet the new standard toward which we have all worked. This has been, perhaps still is, a stumbling block to a few members, the reasonable response to even a temporary flaw. As one of those who are uncomfortable under the blanket of "blanketing-in," I might be forgiven some comments on this matter.

It is an unhappy situation—for a time. But it seems to be the inevitable step taken in every profession whenever it raises its standard of membership. One can take some comfort from the fact that such a compromise is not likely again in social work, until the doctoral degree is required as the criterion for membership—as I trust it will be some day within the career of the younger of you. It is the next step toward which everyone must now work, just as the present standard was worked for by all of us during the past twenty or thirty years. This is the way a profession grows, the way it fulfills its responsibility to society, to its sponsors, and to its own best standards.

But the greatest comfort of all is that when this temporary compromise is corrected by death and retirement, as it inevitably will be, the Association will be the stronger. And then it will be necessary to bear in mind another matter not often mentioned but found in the advice of those who have spent much time and thought and study on the characteristics of professions. On this matter Carr-Saunders again makes the point about all professions, namely, that

there is danger in a white-tower professionalism. It is desirable, though not a criterion of a profession, to maintain strong ties with the society served. It is desirable not to cut all the roots out of which the profession was nurtured, but from which it continues to get a type of sustenance, stimulation, and encouragement that we do not always identify in terms of its origins. One of our own members, Grace Coyle, in the final paper in the volumes on the advanced curriculum published by the Council on Social Work Education, has this to say: "Professionalism itself is not an unmixed blessing in our society. Since we are still in the early stages of developing it in social work, it may be we can prevent some of the dangers which have affected other professions. These lie in the development of closed systems of thought, an overemphasis on technology as an end in itself, and the acceptance of a contented life within the safe and cozy confines of professional circles. Professionalism may, if not kept within bounds, lead to less ability to enter into fruitful coordination with others and less capacity to conceive of the larger social wholes within which we actually, though sometimes unknowingly, function."¹

It is possible that other professions come to your mind because they have failed to heed such a warning. Social work criticizes a few of these professions especially for this fault.

The social work pioneers did not have the problem. They thought in terms of the society. It was their origin, after all. But it becomes necessary for social work today and in the future to give thought to preserve professional good health, which in some respects derives from its social nurture. For the professional person the common touch is a saving and ironic grace.

¹ Grace Longwell Coyle, "The Place of the Social Sciences in the Doctoral Program for Social Work Students," *Social Work Education in the Post-Master's Program; Number 2—Approaches to Curriculum Content*. (New York: Council on Social Work Education, 1954), p. 81.

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It helps toward a realistic humility out of which pride legitimately may grow.

On this day, and later in the unfolding history of the National Association of Social Workers, we might well pay our respects to the earlier generation. They are not so much earlier after all. One of my present colleagues, when a young man just starting in social work, was a member of a group responsible for putting AASW on a self-supporting basis during the first year or two of its existence. There have been many such crucial, historic moments in the development of our profession. Every association that has joined to become NASW has known crucial occasions by which its future has been determined. And thus, the present consummation of a single professional membership organization is not wholly this generation's creation. It was within the insight of our forerunners. The profession has advanced beyond many of those forerunners, but it has not outdistanced all their insights nor their wisdom. As the heirs of these forerunners, we would do well to remember that thirty years hence we must expect, and we should hope, to be outdistanced by our profession. We then shall be considered pioneers—if we deserve the name.

I find this to be a sobering thought, not because pioneers are just old-fashioned people with funny clothes and naïve ideas but because pioneers have an obligation to the future, recognize it, and try to carry it out.

Such an obligation is not one that can be delegated to any organization, however substantial, however unified. It comes down finally, always, to the individual practitioners—the individual, unique members of the association. May we, then, think not just topically, for the day, but let us think professionally for the coming years also, wherein we shall be proved. Then, we shall carry with us a sense of our past, a grasp of our present, and a focus on the future of social work and on the future of our society.

BOOK REVIEWS

MEDICAL CARE FOR TOMORROW. By Michael M. Davis, Ph.D. New York: Harper and Brothers, 1955. Pp. 497. \$6.50.

The store of scientific knowledge and technical skill has become so vast that there are ample opportunities to construct health as well as reconstruct it, and to furnish comprehensive service in accordance with the fundamental concepts of the wholeness of the human personality and the dynamic oneness of the individual. Unquestionably, the American public expects, and will persistently and insistently demand, action making comprehensive medical care of high quality available to all at a price all can afford.

The complex problem of adapting medicine and the related sciences to social needs and uses is treated in Dr. Davis' latest book, the fruit of more than forty years of experience. The material is organized in four parts: basic elements in medical services; evolution in organizations; evolution in economics; and programs and outlook. The first three parts describe, analyze, and interpret the economic, social, scientific, technological, and intraprofessional forces which have been operative for some time, have altered medical practice, and will bring further changes in the future. The final part states goals desirable alike for medicine and for society, considers the dynamic influences which may help to move toward these goals, and charts lines of private and public action.

The author is convinced that the American people, as a whole, can afford to spend on medical care all that they need to. What is necessary is an organization designed to tap, assemble, combine, and make effective the financial resources of large numbers of people with widely varying incomes. Dr. Davis acknowledges the progress made in organizing payment but leaves no doubt about the fact that substantial changes are necessary if the American people are to receive, at reasonable cost, the

best the medical and related professions, including medical and psychiatric social work, have to offer. Refusing to write like the secretary-general of a mutual admiration society, he is equally determined not to behave like a member of a mutual commiseration society. After weighing various alternatives ahead he reaches the conclusion that "the way of national health insurance, proceeding by stages, is a more favorable path of progress" and that, regardless of the way chosen, "governmental powers will be utilized in connection with the economics of medical care." (p. 432)

Dr. Davis believes that priority should be given to solution of the financial problems presented by the unpredictability and variability of medical care costs to the individual. Methodical and large-scale organization of payment, he hopes, will bring with it development of a good service organization, because it will encourage group practice and regional organization of hospitals as well as an adequate supply and proper geographic distribution of needed professional personnel. This opinion is debatable. Any program of comprehensive medical care, regardless of auspices, depends for successful operation on three conditions that must be met simultaneously. These prerequisites are: a service organization designed to attain high quality of medical care; a payment organization designed to raise the funds for the support of all necessary professional, hospital, and auxiliary services; and an administrative organization assuring high standards, efficiency, and economy of service.

Social workers who are looking for factual information on one of the outstanding social problems of the times, for a searching examination into the countless special questions involved, and for a discussion of fundamental issues, will find study of Dr. Davis' clearly organized, forcefully written, and well-documented book highly rewarding.

FRANZ GOLDMANN, M.D.
School of Public Health
Harvard University

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THE PSYCHIATRIC INTERVIEW. By Harry Stack Sullivan. Helen Snick Perry and Mary Ladd Garvel, eds. New York: W. W. Norton and Company, 1954. Pp. 246. \$4.50.

For social caseworkers the works of Harry Stack Sullivan hold particular significance. They form the first of the increasingly bulwarked bridges between the psychology of the inner man and that of the social environment with which he interacts. Particularly does Dr. Sullivan's concept of interpersonal relationships profoundly affect our understanding of the way man is shaped. In this book, the second of the posthumous collections of Sullivan's lectures, this idea is brilliantly exemplified in the operations of interviewing.

In his own summary, Dr. Sullivan states the focus of this book—"to present schemes for organizing one's thoughts (within the interview situation), outlines of approaches, and the type of data that would be relevant to such approaches." He presents his conception of the interview as a system of interpersonal processes; he develops his idea that such interaction, varied and nuanced as it is, will be more manageable by

the interviewer and therefore more helpful to the interviewee when it is given a constant and reliable structure; and he conveys by discussion and example all the subtleties of non-verbal intercommunication which occur in any interview and are fraught with diagnostic and therapeutic import.

None of this will be found entirely new by the experienced caseworker. In our practice there is increasing evidence of the awareness of the two-way interaction between caseworker and client, of the effort to give interviewing some internal order and organization, and of the sharpened sensitivity to the meanings of behavior within the interview. Yet by his characteristic brilliance, clarity, and even provocativeness, Dr. Sullivan casts sharp new lights upon the phenomena of personalities in action upon one another. From this play of light, on such problems as he has long recognized and partially solved, the social caseworker will gain some fresh perspectives.

One note of warning. Some of Dr. Sullivan's suggestions are presented in terms of "what I would do or say" and many are startling in their baldness. ("When patients want my advice I am usually given to some sort of feeble witticism such as 'Why pick on me?'" And in another place Dr. Sullivan cries "Merciful God!" to his patient's idea). The caseworker must take care that he pursues the principle which underlies the precept; even though it may temporarily be lost in a delighted or horrified shock at what is boldly unfamiliar, the underlying principle is almost always delineated. It is such guiding principles which, when understood, can be translated by each caseworker to his own professional purposes and methods. Beyond this the book will surely push the hospitable reader to re-examine all his own ideas on interviewing towards helping.

HELEN HARRIS PERLMAN
Professor
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Administration
University of Chicago

BRIEFLY . . .

The Function and Practice of Research in Social Work. 1951 Report, 1952 Report, 1953 Report. New York: Social Work Research Group, 1955. Pp. 37. Available from National Association of Social Workers, New York. 50 cents.

Book Reviews

ON CALL FOR YOUTH. By Rudolph Wittenberg. New York: Association Press, 1955. Pp. 241. \$3.50.

In the midst of the current excitement about adolescents and the danger that they are becoming a peculiar kind of minority group in American life, Rudolph Wittenberg's *On Call for Youth* presents a calm, balanced, and readable approach. Not only does it enhance understanding but it also suggests specific ways of helping young people.

The book is directed to parents, volunteers, and others who are not apt to dig into the more technical literature. The concern is more with the normal than with the pathological characteristics and needs of the adolescent. Minor deviations are included and they serve to emphasize the point that we must not be rigid about normalcy.

As in his previous books, Mr. Wittenberg is unusually skillful in using interestingly the layman's language to delineate professional concepts. With such apt expressions as, "I'm no good," "I want to be left alone," "Everybody does it," he develops successfully a human picture of this age in a manner that should be meaningful to adult readers. The "depth" is kept at a level that is not beyond the untrained, and yet it is not superficial.

The summaries at the end of each chapter are helpful, as are the numerous and well selected illustrations. There is a nice tone of humility in the book, although the limitations of our knowledge of the adolescent are not articulated. It might well be reassuring to parents and others to learn that even the best and most expert of us can be baffled by adolescent (and other age) patterns of behavior.

Another point that concerned this reviewer is suggested by the statement (page 146) that "Many of the generalized observations about a culture or a religious background may be true, but this kind of truth prevents our real understanding." This concept, not confined in the book to religious or cultural backgrounds, is generalized. We have here the long-standing temptation in social work to go so far in emphasizing the distinctive characteristics of each person or situation or group or community that we deny ourselves the learnings from the past, which are essentially generalizations. We must beware of loose and faulty generalizations ("all Negroes are . . ." etc.) but only by im-

proving the validity of our generalizations can we move toward a more scientific orientation as a profession. A good part of the art of helping people is in knowing which generalizations apply in any specific instance.

Perhaps, for the readers for whom it is written, *On Call for Youth* wisely emphasizes the danger of stereotyping. At any rate, it does an excellent job of providing to the layman the benefits of professional insights. Many social workers are asked to suggest reading to those not prepared to wade through technical material. *On Call for Youth* should enrich our resources for meeting such requests in relation to adolescents.

SAUL BERNSTEIN
Professor,
Boston University School
of Social Work

BRIEFLY . . .

Mother-Daughter Relationships and Social Behavior. By Rose Cooper Thomas. Washington: The Catholic University of America Press, 1955. Pp. 369. \$4.00.

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THE TRUTH ABOUT DIVORCE. By Morris Ploscowe. New York: Hawthorne Books, Inc., 1955. Pp. 315. \$4.95.

To the non-lawyer, one appalling aspect of the marriage and divorce business is the inex-
cusable complexities and contradictions in our laws. Variations from state to state can make a couple married in one but living in sin in another, to say nothing of the problems of rights, grounds for action, and possible pro-
cedures.

Since 1879 the American Bar Association has worked for more uniformity among the states in marriage and divorce laws. President Theodore Roosevelt in his 1905 message to Congress urged this. In 1906 a national conference on the subject drafted a proposed uniform statute, but there has been little success in securing its adoption.

One front on which tremendous progress has been obvious is the continually increasing recognition by lawyers that a legal procedure alone does not solve a marital problem. Throughout recent books authored by lawyers, we see the turning to the social sciences as partners in helping families solve their conflicts.

Judge Morris Ploscowe's latest book, *The Truth About Divorce*, brings all this out clearly. Here is genuine recognition of the totality of the person in trouble. His chapter, "Who Gets the Children," reflects the heart-break and confusion of the child, victim of divorce. Here is stated well the importance of "a harmonious family unit in which the child is held in affection and esteem."

The earlier chapters of Judge Ploscowe's book may well have been written to sharpen the final one, "Our Divorce Laws Need Reform." The thesis throughout the book is strongest here where the Judge pleads for divorce law "that will strengthen the family as the basic unit of American life." He makes a strong case for the diagnostic-therapeutic approach, pointing out that the technics of allied professions, including social casework, are more effective than the law in bringing real understand-
ing and help for the basic problems in husband-wife conflicts. This approach calls for abandoning the adversary method in divorce matters in which guilt and innocence must be proven. In its place would be a family court in each community, qualified to deal with family problems of legal concern, including divorce.

Book Reviews

Two specific recommendations are made. First, a judicial separation should precede every divorce. Second, a divorce should be granted when husband and wife have lived separate and apart for the period of time fixed by law. While pleading that every "viable marriage" be helped to live, he none the less believes divorce law should recognize a factual situation beyond the power of the court to change.

Social workers will be dismayed with some aspects of this book. The occasional flip tone is inappropriate to the serious topic. While many case stories make interesting reading and emphasize the points made, we might wish that personal tragedies not be publicized more than required for official printed records. Still another problem is that the book is at once too general and too detailed to be suitable for either laymen or professional.

Social workers, particularly those in family agencies, will welcome this highly readable book. From it they will learn much of the historical sources for our present marriage and divorce laws. They will increase their understanding of the complexities and variations in law, and the urgent need to have legal help when indicated for the marital problems in their case loads. Besides, many of their clients will have read it!

ELMA PHILLIPSON
Associate Director
National Legal Aid Association

BRIEFLY . . .

Making Yours a Better Board. Articles reprinted from *Family Service Highlights*. New York: Family Service Association of America, 1955. Pp. 47. 65 cents.

Casework Papers 1955: From the National Conference of Social Work. New York: Family Service Association of America, 1955. Pp. 154. \$2.00.

Annual Report of the U. S. Department of Health, Education, and Welfare, 1954. Washington: Superintendent of Documents, 1955. Pp. 278. 75 cents.

The Bureau of Child Guidance in the New York City Schools; A Survey. New York: Board of Education, 1955. Pp. 204+.

Unemployment Insurance Schemes. Studies and Reports, New Series, No. 42. Geneva: International Labour Office, 1955. Pp. 254. \$1.50.

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(Address inquiries for the advanced programs to THE DEAN, School of Applied Social Sciences, Western Reserve University, Cleveland 6, Ohio.)

SHOULD THE PATIENT KNOW THE TRUTH? Samuel Standard, M.D., and Helmuth Nathan, M.D., eds. New York: Springer Publishing Co., 1955. Pp. 160. \$3.00.

This book is an outgrowth of a meeting at the New York Academy of Medicine where the subject under discussion was, "Should the patient know the truth?" The circle of discussants was widened and the book contains twenty-three replies to the question written by internists, surgeons, psychiatrists, nurses, clergymen, and lawyers. The authors do little philosophizing, and in general the articles are statements of personal convictions and methods of dealing with the problem as it confronts the individual physician or nurse in the day-by-day job. Frequently, examples of difficult situations are given with explanations of how they have been met. A Roman Catholic priest, a rabbi, and a Protestant minister speak for their respective denominations, and some important legal and economic points are clarified.

One would not expect categorical answers to this question and, with one exception, they are not given. There seems to be general agreement among the doctors that a physician must do everything in his power to help his patients and must not do anything to harm or hinder their recovery. Accepting this principle, it is reasoned that each situation must be considered individually and that a doctor must then judge what will help or harm. The discussion in the main centers around those patients with fatal illnesses or very severe prognoses, particularly cancer, heart disease, and mental illness. There is, however, an interesting chapter on the conditions arising from pregnancy. The majority of the writers believe from their experience that telling the patient the truth is harmful in more instances than it is beneficial. Despite the emphasis upon individualizing the patient and his situation, there seems to be a common conviction that most patients do not want to know the truth. This supposition is rationalized by stating that in many cases the patient does not ask or that half-truths or evasions "appear to satisfy many patients." To the social worker accustomed to looking for deeper meanings in the spoken word or in actions, this assumption seems less than justified.

One article, however, written by a surgeon, is entitled, "Unconditionally, Yes," and points out that deception leads the patient to mistrust

Book Reviews

his physician, to find it difficult to understand the behavior of his family, and to end his days in loneliness and resentment. He cites a survey made of patients in the Cancer Detection Center of his hospital which showed that the majority wanted to be dealt with sincerely and honestly. They wanted to be told the truth. One of the nurses who saw many positives in telling the patient believed that "the people entrusted with his care do not credit him for the strength he has" and brought out the important point that those in a position to tell the patient unpleasant truths must come to terms with the facts of separation, loss, and mortality.

This can be a useful book to social workers, many of whom are so often involved in planning with their clients or their families for chronic and terminal care. To medical social workers, particularly, it will be disappointing that no one from this profession has been asked to contribute a reply to a question which is of such great concern to them and around which they have had valuable experience, not through giving information to patients and families themselves but in working with situations where the truth has or has not been told.

THEODATE H. SOULE
The New York Hospital

BRIEFLY . . .

The Changing Emphasis in the Function of the Medical Social Worker: With a Selected Annotated Bibliography for the Period 1941-1953. By Rebecca Frost. American Association of Medical Social Workers, July 1955. Pp. 43. Available from National Association of Social Workers, New York. 50 cents.

Administering a Hospital Social Service Department: Content, Principles and Relationships. By Celia R. Moss. American Association of Medical Social Workers, 1955. Pp. 84. Available from National Association of Social Workers, New York. \$2.00.

Selection of Students for Schools of Social Work. Report prepared by Committee on Admissions. New York: Council on Social Work Education, 1955. Pp. 84. \$1.50.

International Survey of Programmes of Social Development. Prepared by Bureau of Social Affairs, UN Secretariat, in cooperation with ILO, FAO, UNESCO, and WHO. New York: Columbia University Press, 1955. Pp. 220. \$2.00.

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A PRIMER OF SOCIAL STATISTICS. By Sanford M. Dornbusch and Calvin F. Schmid. New York: McGraw-Hill Book Company, 1955. Pp. 251. \$4.75.

This relatively slim volume joins others of recent years which strive for "simplicity and clarity" in presenting elementary statistical procedures. The authors take cognizance of the lack of mathematical preparation of most potential users. Their primary aim is to cultivate a "critical awareness" of basic statistical concepts and techniques, and their main target is the person who is not expecting to make a career in social research. They state the relatively modest goal of enabling the student to "understand reports of social research in which elementary statistical techniques are utilized." Exploring the nature of statistical reasoning is emphasized more than acquiring techniques of computation.

The style and manner of presentation are somewhat reminiscent of the current "do-it-yourself" manuals for various fields of endeavor. However, the statistically illiterate social worker should not grasp at this book as a quick substitute for study, or a "ready-made-mix" of formulae to which casual reading is all that must be added for a fine finished product. The *Primer* is probably most useful as a textbook accompanying classroom work, and the authors themselves warn that "daily preparation" is essential if the material is to be properly assimilated.

The book is distinguished by its concise style and its unusual method of presentation in which the material emerges almost in outline form. Each chapter begins with a listing of terms and symbols to be discussed and a brief explanation of the purpose and content of the chapter. There is a capsule statement on each "central idea," with frequent use of illustrative examples and exercise problems for the student. Each "central idea" is numbered at the beginning of the paragraph in which it starts, to facilitate study and review. At the end of each chapter is a summary of the important principles and points, usually in the form of one-sentence statements.

The novice in social statistics can be grateful to these authors for starting at the beginning in covering points frequently given casual attention because they are considered common knowledge. The book moves forward in a logical sequence in which the student is gradually pre-

pared for each step by the preceding material. While not pretending to be comprehensive, the scope of the book is sufficiently broad to include those statistical concepts and measures most frequently used in handling social work data. Near the end there is a general discussion of some additional techniques usually covered in the more advanced courses in statistics. A final chapter entitled "A Few Grains of Salt" emphasizes the importance of good logical thinking in the handling of statistical data. A series of horrible examples illustrate misuse of statistics arising out of errors of logic in designing the research or interpreting the results—errors which could not be avoided by any amount of expert statistical manipulation.

In addition to its usefulness as a textbook the *Primer* should also be a valuable quick reference for those whose academic work in statistics is a thing of the not too recent past. For reference purposes the brevity and plan of organization are particularly helpful as compared with the more intensive and more wordy treatment characteristic of many books of this type.

(MRS.) ESTHER M. MOORE, Director
Department of Research and Statistics
Community Chests and Councils
of America

BRIEFLY . . .

The Evolving Concept of Rehabilitation. Monograph I in series, Social Work Practice in Medical Care and Rehabilitation Settings. Contents: New Horizons in Rehabilitation, by Cecile Hillyer; Rehabilitation as a Concept in the Utilization of Human Resources, by Frederick A. Whitehouse, Ed.D. American Association of Medical Social Workers, July 1955. Published under a grant from The Office of Vocational Rehabilitation, U. S. Department of Health, Education, and Welfare. Pp. 37. Available from National Association of Social Workers, New York. 35 cents.

Teamwork: Philosophy and Principles. Monograph II in series, Social Work Practice in Medical Care and Rehabilitation Settings. Contents: Teamwork: Philosophy and Principles, by Frederick A. Whitehouse, Ed.D.; A Staff Study of Collaborative Effort: Principles of Collaboration, by Miriam G. Collier. American Association of Medical Social Workers, July 1955. Published under a grant from The Office of Vocational Rehabilitation, Department of Health, Education, and Welfare. Pp. 29. Available from National Association of Social Workers, New York. 35 cents.

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ANNOUNCING

*the
Publication of the Proceedings
of the Important Conference on*

PSYCHOTHERAPY and COUNSELING

Held at the New York Academy of Sciences—December 3 and 4, 1954

Co-chairmen: Lawrence Frank and Rollo May

In this conference five groups participated from disciplines engaged in various types of psychotherapy and counseling, medicine, psychology, social work, the ministry, and counseling and guidance. The purpose of the conference was to describe the current common and accepted practices by which each of these professions seeks to meet those human needs which can be helped by psychotherapy and counseling, and what particular training is now being provided.

Preparatory commissions, made up of five to eight members of each of the above professions, met over the preceding eight months to review their experience and formulate their views on such topics as the following. What kinds of persons with what kinds of problems does their profession seek to help by means of psychotherapy or counseling, in individual and group therapy? What methods does their profession use? What kind of training—pre-professional, professional, and supervised experience—is now being provided to prepare practitioners for giving such services? How are the persons to be trained selected? What are the social expectations and sanctions inherent in the situation in which each profession functions, and how do these influence the practice of the profession? By what methods and techniques does each profession critically examine its own work and seek to advance its professional competence? The Proceedings contain the reports from the commissions and the discussion of the findings at the conference.

PERSONNEL OF THE COMMISSIONS: *Medicine:* Frederick Allen, chrm., William Cooper, Louis Martin Fraad, Florence Powdermaker, Robert F. Sooley, Exie Welsch. *Discussant:* Eric Lindemann. *Psychology:* Nevitt Sanford, chrm., Peter Blos, Harry Bone, Arthur Combs, George Klein, Rollo May. *Discussants:* Robert W. White, George A. Kelly. *Social Work:* Luther E. Woodward, chrm., Margaret Blenkner, Robert Gomberg, Alice McCabe, Sonia Penn, Clara Rabinowitz, Mira Tal-

bot. *Discussants:* Lucille Nichol Austin, Helen Harris Perlman. *Ministry:* Wayne E. Oates, chrm., William C. Bier, Charles A. Curran, Seward Hiltner, Fred Hollander, Reuel L. Howe, Frederick Kuether, Robert Leslie. *Discussants:* Paul Johnson, Noel Mailloux. *Guidance and Counseling:* Frances M. Wilson, chrm., Ruth Andrus, Morris Krugman, Isabel Mason, Janet Fowler Nelson, William G. Perry, Jr., Leonard W. Rockower. *Discussants:* Roland Baxt, Philip Zlatchin.

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LETTERS

Greetings from National Organizations

From the Director of the American Hospital Association

I would like to take this opportunity to offer best wishes to your new organization and to your publication, *Social Work*. The American Hospital Association will be happy to work with you in any way possible.

Edwin L. Crosby, M.D.

From the President of the American Orthopsychiatric Association

As a professional organization with a membership of several disciplines and with a basic philosophy of support of the collaborative team, we are happy to add our good wishes to the efforts of the new Association.

Exie E. Welsch, M.D.

From the President of the American Psychiatric Association

Our Association will look forward with the greatest interest to the growth of your program, particularly in the field of mental health and illness. We stand ready to cooperate with you on matters of mutual concern.

R. Finley Gayle Jr., M.D.

From the Executive Secretary of the American Psychological Association

You can count on the continuing support and understanding of this Association and of its members everywhere as you embark on this new and exciting organizational venture.

Fillmore H. Sanford

EDITOR'S NOTE: *The Association and its journal, Social Work, acknowledges with appreciation the many warm letters of greeting received, from which the above passages are excerpted.*

From the President of the American Psychoanalytic Association

I was very glad to hear of the amalgamation of various facets of social work into a single national organization and of the unified journal. I am sure that these developments represent a coming of age of social work as a profession in this country.

Maxwell Gitelson, M.D.

From the Executive Secretary of the American Public Health Association

Public health workers will be glad that their dynamic interest with social workers of all kinds can now be centralized through the NASW. We on our part would like to extend and consolidate these interests.

Reginald M. Atwater, M.D.

From the Director of the American Public Welfare Association

The appearance of the new publication is a symbol of the greater unity which has been achieved by the profession. Please accept our congratulations and best wishes on this most progressive step. We look forward to a cordial and productive relationship between NASW and APWA as we work toward our many common objectives.

Loula Dunn

From the Secretary of the American Sociological Society

I have followed with interest and approval the announcement of the forthcoming new quarterly publication *Social Work*. I am confident that it will receive the attention and support of many sociologists.

Wellman J. Warner

Greetings from National Organizations

From the President of the Canadian Association of Social Workers

The two thousand members of our own single membership Association hail its American counterpart with genuine affection and pride. We cherish the thought that the cordial relationships which have long existed between our respective organizations may continue.

(Rev.) *Shaun Govenlock*

From the Chief of the Children's Bureau

Out of the fusion of forces that is represented in NASW will come new hope for the disadvantaged and new strengths for the profession of social work. The well-being of children, I am confident, will be richly served through the greater opportunity for fellowship and exchange of knowledge and experience which this merger makes possible.

Martha M. Eliot, M.D.

From the Executive Director of Community Chests and Councils of America

The NASW and its new Journal, *Social Work* have the hearty and widespread endorsement of chest, fund, and council people everywhere. We pledge the same full cooperation we have attempted to give the independent professional social work organizations during past years.

Ralph H. Blanchard

From the Executive Director of the Council of Jewish Federations and Welfare Funds

I trust that the merger will result in a consolidation and not a diffusion of all of the forces for the profession; and that this will be reflected in a journal which will deal forthrightly, in total perspective, with the major issues affecting the status of the entire profession and the special impact it can make upon the well-being and health of our society.

Philip Bernstein

From the Executive Director of the Council on Social Work Education

This opportunity to send a word of greeting to fellow members of the NASW is particularly welcome to one so committed to the structural unification of our field. This is an exciting moment in the history of our profession.

Ernest F. Witte

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**Publications Department
Jewish Board of Guardians
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From the General Director of the Family Service Association of America

The new journal should do much to further the integration of knowledge developed in various fields of practice and to unite social workers on the many social issues that are of concern to the total profession.

Clark W. Blackburn

From the Secretary of Health, Education, and Welfare

It is a pleasure to send greetings to the social workers who have joined together in NASW. Economic and social problems of families and individuals exist even in periods of great prosperity such as we now enjoy. We look to the Nation's social workers to use their skills and growing knowledge of human behavior on these problems, and thus to serve the welfare of the people.

M. B. Folsom

From the Secretary of the National Conference of Catholic Charities

As a pioneer social worker and a representative of Catholic Charities in the United States I welcome the new journal of NASW. This is an important step in the growth of our new profession. I know that year by year it will represent a growing understanding on the part of the profession of its responsibility to the American community. Very best wishes.

(Rt. Rev. Msgr.) John O'Grady

From the Executive Secretary of the National Conference of Social Work

The NCSW extends to NASW its warmest greetings and a most sincere wish for success in the many important tasks ahead for all of us.

Joe R. Hoffer

From the General Secretary of the National Council of the Churches of Christ in the U. S. A.

Through its Department of Social Welfare, the National Council of Churches encourages all qualified social workers to participate fully in the activities and program of the new Association, especially the 5,000 or more graduates of accredited schools serving in agencies related to Protestant churches. We are confident that NASW will render maximum service for the improvement of the nation's human resources.

(Rev.) Roy G. Ross



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TERS: Greetings from National Organizations

From the Asst. Executive Secretary of the National Education Association of the U. S.

Your efforts in organizing an association of social workers to serve the national interest is to be commended. The qualifications of your members and the standards of your service will be greatly improved by such an association.

Glenn E. Snow

From the Executive Director of the National Health Council

The consolidation of professional social work into a single national organization is of real significance and promise. It is a forward step in the continuing effort toward improvement of health and welfare services.

Philip E. Ryan

From the Director of the National Social Welfare Assembly

The new Association is a source of justifiable pride to all of us in social work, for it demonstrates anew that hands can be joined together in the common interest. I feel deep appreciation for all those whose leadership has brought this to pass.

Robert E. Bondy

From the Executive Director of the National Urban League

The thousands of social agencies throughout the country will be brought closer together for more concerted and, therefore, more effective attack on problems of social welfare through the fact that their staff members are themselves working more closely together in their One Big Organization.

Lester B. Granger

From the Commissioner Office of Education

I am certain that the specialized social work groups will be strengthened and unified by their affiliation in NASW with other members of their profession. We in education will follow the work of your Association with great interest.

S. M. Brownell

From the Surgeon General Public Health Service

The interrelationships between health and welfare programs are becoming clearer year by year. The work of an organization such as yours will serve to hasten this clarification, to increase the opportunities for professional advancement, and to stimulate needed studies in this field.

Leonard A. Scheele, M.D.

From the Commissioner Social Security Administration

Greetings and congratulations to all of my colleagues who have worked so hard to make a reality of our new professional organization. With the support of its total membership, representing every phase of interest in the social work profession, NASW should be enabled to use its added strength, gained through unity, with even greater effectiveness than before.

Charles I. Schottland

PUBLICATIONS

All the "in print" publications—some 180 of them—of the seven predecessor organizations of NASW are now available from the national office of NASW, Room 618, One Park Avenue, New York 16, N. Y. Requests for a consolidated list of these publications will receive prompt attention.

As the Association brings out new publications, they will be reported both in *Social Work* and the *NASW News*.

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